## FOR PROFIT CORPORATION (UBR)

"AMENAGO"

DOCUMENT # PO 1000065621 1. Entity Name ROSEBUA'S TOY STORE, INC.



03 JUL 14 AH 9:05

SECRETARY OF STATE TALLAHASSEE FLORIDA

	UUN	ULWKILE	IN I FIIS SI					
2. Principal P	Place of Busin	ess.	3. Mailing Address	The state of the s	42 / 5 86 4.27			
		ATLANTIC AVE	1161 EAST A	TLANTIC	AVE			
Suite, Apt. #, etc. Suite, Apt. #,						DO NOT WRITE IN THIS SPACE		
SUITE 5			SUITE S			33.13.11.11	,	
City & Stat		<del></del>	City & State	City & State		4. FEI Number	Applied F	or
DELR	AY R	EACH, FL	DELRAY BEACH, +L			. , 21113/1031	Not Applic	
Zip	··· · · · · ·	Country	Zip	Country			□ \$8.75 Additional	
334	83	Country	33483	Courmy		5. Certificate of Status Desired	Fee Required	
and the first first of the same of	• aire and an are	the contract the contract of t		150		7. Name and Address of Current F	legistered Agent	
7				Name		· · · · · · · · · · · · · · · · · · ·	- <del> </del>	
	A NIGT M	DITE	DINO PALISKA  Street Address (P.O. Box Number is Not Acceptable)  1161 EAST ATLANTIC AVE, Ste. 5					
	" U	O NOT W	NATA Extraction for the state of the state o	Street A	Address (F	O. Box Number is Not Acceptable)	Aug clas	
	11	V THIS SP	ACE		01	EAST ATLANTIC	HVE, 376.3	
	88		AVL					ľ
Station - Care		eran Andrea Andrea	City .	City Zip Code				
			, <u> </u>		ay BEACH	FL Zip Code 34	83	
			the purpose of changing its	registered office o	r registere	ed agent, or both, in the State of Flori	da. I am familiar with, and acc	ept [
the obligat	tions of regist	ered agent.	// •				_	!
	16-	<del>-///</del> //				$\checkmark$	7-10-0	ا چ
SIGNATURE	Signature typed	or printed name of registered agent at	nd title if applicable *(NOTE	: Registered Agent signs	ture required s	when reinstating)	DATE :	ا د
lai		y 1 Fee is \$150.00	(NOVE	. Hegiatorea rigent aigno		Wildin Hall Islanding)	- CATE - MV	
t it as a line	Fee is \$550.00				9. Election Campaign Final	ncing _ \$5.00 May	Be	
	Amended	UBR is \$61.25				Trust Fund Contribution.	Added to Fee:	
their countries may be a part of their countries of their	Payable to	Florida Department of	With the second second.				**	
10.		OFFICERS AND [		A COND ONE HAVE				
TITLE	PRES	, TREAS, SECT	, DIRECTOR	TITLE			**E	- 1
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CITY-ST-ZIP	DELR	AY BEACH .	TC AUE, Ste. 5 FL 33483	CITY-ST-ZIP		07/14/03==01035=-	·001 **61.25	
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CITY CT 71D	j			OFFICE ADDITION			· 1000 ·	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-70-0

Daytime Phone #

CR2E034B (12/0