



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90317 046 ***150.00

DOCUMENT # P03000065350 1. Entity Name AMERICAN TOY STORE, CORP.					
Principal Place of Business 780 NW 42 AVE SUITE 420 MIAMI, FL 33126				Mailing Address 780 NW 42 AVE SUITE 420 MIAMI, FL 33126	
2. Principal Place of Business 8181 NW 36TH ST. Suite, Apt. #, etc. SUITE #16B City & State DORAL, FL Zip 33166		3. Mailing Address 5671 NW 112TH AVE Suite, Apt. #, etc. APT. 115 City & State MIAMI, FL Zip 33178			
Country DADE		Country DADE		4. FEI Number 20-0041434	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A 780 NW 42 AVE SUITE 420 MIAMI, FL 33126					
7. Name and Address of New Registered Agent Name MARIA G. BISANTI Street Address (P.O. Box Number is Not Acceptable) 5671 NW 112TH AVE APT 115 City MIAMI					
State FL					
Zip Code 33178					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Maria G. Bisanti</i></u> MARIA G. BISANTI PRESIDENT 4/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BISANTI, MARIA G		<input type="checkbox"/> Delete		
STREET ADDRESS 780 NW 42 AVE SUITE 420	CITY-ST-ZIP MIAMI, FL 33126		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME TORRENS, MARIA A		<input type="checkbox"/> Delete		
STREET ADDRESS 780 NW 42 AVE SUITE 420	CITY-ST-ZIP MIAMI, FL 33126		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME BISANTI, MARIA P		<input type="checkbox"/> Delete		
STREET ADDRESS 780 NW 42 AVE SUITE 420	CITY-ST-ZIP MIAMI, FL 33126		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Maria G. Bisanti</i></u> MARIA G. BISANTI 4/15/04 (305) 436 7452 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					