2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000138082

Entity Name: ELIZABETH TOYS, INC.

FILED Nov 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3000 NW 92ND AVE 5915 PONCE DE LEON BLVD MIAMI, FL 33122

CORAL GABLES, FL 33146 FL

Current Mailing Address: New Mailing Address:

3000 NW 92ND AVE 5915 PONCE DE LEON BLVD MIAMI, FL 33122

CORAL GABLES, FL 33146

FEI Number: 57-1213026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALDWELL, FRANK E CALDWELL, FRANK E 3000 NW 92ND AVE 5915 PONCE DE LEON BLVD MIAMI, FL 33122 CORAL GABLES, FL 33146 US

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.

SIGNATURE: FRANK E CALDWELL 11/15/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete

() Delete

() Delete

MATTA, GUILLERMO A

CALDWELL, FRANK E

3000 NW 92ND AVE

MIAMI, FL 33122

MATTA, JOSE C

MIAMI, FL 33122

3000 NW 92ND AVE

DT

3000 NW 92ND AVE

MIAMI, FL 33122

Title:

Title:

Name:

Title:

Name:

Address

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition Name: MATTA, GUILLERMO A 5915 PONCE DE LEON BLVD Address: City-St-Zip: CORAL GABLES, FL 33146

Title: (X) Change () Addition

CALDWELL, FRANK E Name: 5915 PONCE DE LEON BLVD Address: City-St-Zip: CORAL GABLES, FL 33146

Title: DT (X) Change () Addition

MATTA, JOSE C Name:

5915 PONCE DE LEON BLVD Address: City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: GUILLERMO MATTA 11/15/2005