2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

	ANNUAL	REPORT
DOCUMENT #	# P060000376	681

1. Entity Name
TOY ROBOT RECORDS, INC.

Principal Place of Business

8306 MILLS DR

249

MIAMI, FL 33183 US

Mailing Address

8306 MILLS DR

249

MIAMI, FL 33183 U



nn	NOT	. WRI	TF IN	THIS	SPACE
	141/				

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0569741

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, JASON H 8306 MILLS DR 249 MIAMI, FL 33183 DO NOT WRITE

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.

10.

NAME STREET ADDRESS

TITLE

TITLE

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!. FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

KLEIN, JASON H
8306 MILLS DR #249
MIAMI, FL 33183
U000009933188
GC /23 /100_00077_01.9 150_00

NAME KLEIN, STAN H
STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33183

NAME STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-SY-ZIP

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-07

1-51473-2207

Daytime Phone #