2008 FOR PROFIT CO PORATION ANNUAL REPORT

DOCUMENT # G97687

1. Entity Name TORO REALTY, INC.



Principal Place of Business % EUGENIO M. FERNANDEZ 5300 S.W. 2ND STREET

MIAMI, FL 33134

Mailing Address PO BOX 441924 MIAMI, FL 33144-1924 FILED
Jan 14, 2008 08:00 AN
Secretary of State



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

5. Certilicate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, EUGENIO M. 5300 S.W. 2ND STREET MIAMI, FL 33134-1106 DO NOT WRITE IN THIS SPACE

8.	The above named antity 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____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000784389 01/16/08-80052-009 150.00

10. OFFICERS AND DIRECTORS PST TITLE FERNANDEZ, EUGENIO M. NAME 5300 S.W. 2ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE FERNANDEZ, EUGENIO M. NAME STREET ADDRESS 5300 S.W. 2ND STREET CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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

THE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/0/08 30V - 443-1487