FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90196 035 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000092946

1. Entity Name
TONY'S BACKHOE CORP.

40082666

01192006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
5370 WEST 4TH COURT HIALEAH, FL 33012	5370 WEST 4TH COURT HIALEAH, FL 33012

2. Principal Place of Business		3. Mailing Address	
3021 SW 147 ct		3021 SW 147 ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Fl		City & State: Miami Fl	
Zip: 33185	Country: U.S.A	Zip: 33185	Country: U.S.A

4. FEI Number: 04-3774898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTRO, ANTONIO 5370 WEST 4TH COURT HIALEAH, FL 33012	Name: Antonio Castro Street Address (P.O. Box Number is Not Acceptable): 3021 SW 147 ct City: Miami FL Zip Code: 33185

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: X [signature] Antonio R Castro 01/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTRO, ANTONIO 5370 WEST 4TH COURT HIALEAH, FL 33012	☐ Delete	PD Antonio Castro 3021 SW 147 ct Miami Fl 33185	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARBALLO, ELIANA 5370 WEST 4TH COURT HIALEAH, FL 33012	☐ Delete	VD Eliana Carballo 3021 SW 147 ct Miami Fl 33185	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] Eliana Carballo, VP 01/19/06 (305) 226-1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #