2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000070854

1. Entity Name
TOLL MANAGEMENT CORP.

Principal Place of Business	Mailing Address
14869 SOUTH DIXIE HIGHWAY MIAMI, FL 33176	14869 SOUTH DIXIE HIGHWAY MIAMI, FL 33176

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0779702	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOLL, LOUIS ROBERT
14869 SOUTH DIXIE HIGHWAY
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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_____

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, 2004 Fee will be $550.00

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

U00000153897
05/04/04-80145-025 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOLL, LOUIS ROBERT
STREET ADDRESS	14869 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD
NAME	TOLL, RONNIE
STREET ADDRESS	14869 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33176
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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ pres._____   4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #