

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131156

**Entity Name:** TOC-704, INC.

**Current Principal Place of Business:**

290 N.W. 165 STREET  
SUITE P-200  
MIAMI, FL 33169

**FILED**  
**Feb 29, 2024**  
**Secretary of State**  
**7884326151CC**

**Current Mailing Address:**

290 N.W. 165 STREET  
SUITE P-200  
MIAMI, FL 33169 US

**FEI Number:** 51-0670585

**Certificate of Status Desired:** No

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

DA SILVA, ALVARO  
290 N.W. 165 STREET  
SUITE P-200  
MIAMI, FL 33169 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LIMA DA SILVA, SALUSTIANO C  
Address 290 N.W. 165 STREET  
SUITE P-200  
City-State-Zip: MIAMI FL 33169

Title D  
Name HERTZOG DA SILVA, ELIDIA  
Address 290 N.W. 165 STREET  
SUITE P-200  
City-State-Zip: MIAMI FL 33169

Title DIRECTOR, PRESIDENT,  
SECRETARY, TREASURER  
Name AMERICO DA SILVA, ALVARO  
Address 290 N.W. 165 STREET  
SUITE P-200  
City-State-Zip: MIAMI FL 33169

Title AST. S  
Name IZRAILOV, MARY  
Address 290 N.W. 165 STREET  
SUITE P-200  
City-State-Zip: MIAMI FL 33169

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARY IZRAILOV

AST. S

02/29/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date