

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000087904

**Entity Name:** TOFILONY CORP

**Current Principal Place of Business:**

20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALFORD CORPORATE SERVICES INC.  
20803 BISCAYNE BLVD., SUITE 405  
AVENTURA, FL 33180 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 DP  
Name TEOFILO TURQUIE  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name ALICE SUTTON  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title T  
Name JOSE TURQUIE  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title S  
Name JOHNNY TURQUIE  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

Title S  
Name ROSY TURQUIE  
Address 20803 BISCAYNE BLVD., SUITE 405  
City-State-Zip: AVENTURA FL 33180

*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:** TEOFILO TURQUIE

**DIRECTOR**

**04/24/2024**

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

\_\_\_\_\_  
Date