

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # 263114**

1. Entity Name  
A.R. TOUSSAINT & ASSOCIATES, INC.



**FILED**  
06 AUG 14 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
620 N E 126 ST  
NORTH MIAMI, FL 33161

Mailing Address  
620 N E 126 ST  
NORTH MIAMI, FL 33161

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



07202006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-0977909

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
TOUSSAINT, ALBERT R  
620 NE 126TH ST  
NORTH MIAMI, FL

7. Name and Address of New Registered Agent  
Name  
Janet Lee Toussaint  
Street Address (P.O. Box Number is Not Acceptable)  
1080 94th Street, #106  
City  
Bay Harbor Island FL Zip Code  
33154

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 *Janet Lee Toussaint* JANET LEE TOUSSAINT August 1, 2006  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE)

Amended AR is \$61.25

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	STD TOUSSAINT, NANCY 620 NE 126TH ST MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TOUSSAINT, JANET LEE 1080 94th ST. #106 BAY HARBOR ISLAND, FL 33154 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOUSSAINT, ALBERT 620 NE 126TH ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200078732662 08/15/06--01046--012 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Albert R. Toussaint* ALBERT R. TOUSSAINT August 1, 2006 805-891-7340  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)