2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 08:00 AM **DOCUMENT # 308742** Secretary of State 1. Entity Name TONY'S SERVICENTER, INC. Principal Place of Business Mailing Address 8701 CORAL WAY 8701 CORAL WAY MIAMI, FL 33165 MIAMI, FL 33165 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1150152 Not Applicable \$8.75 Additional www.c.Walana.com 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FULLER, PATRICK DO NOT WRITE 8701 CORAL WAY MIAMI, FL 33165 __ 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 agont and late if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000192020 Trust Fund Contribution. Added to Fees 01/25/05-80002-007 150.00 OFFICERS AND DIRECTORS 10. TITLE FULLER, PATRICK NAME STREET ADDRESS 12000 S. W. 99TH AVE CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section [19.07(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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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