


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 468266 1. Entity Name TOKAM, INC.				
Principal Place of Business 417 SOUTHARD STREET KEY WEST, FL 33040		Mailing Address 417 SOUTHARD STREET KEY WEST, FL 33040		
DO NOT WRITE IN THIS SPACE				
				03152008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1604277		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MILLS, VICTOR H 16 CALLE DOS KEY WEST, FL 33040		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	PD	DO NOT WRITE IN THIS SPACE U000000916033 05/12/08-80011-013 150.00		
NAME	MILLS, VICTOR H			
STREET ADDRESS	#16 CALLE DOS			
CITY-ST-ZIP	KEY WEST, FL 33040			
TITLE	SD			
NAME	MILLS, CYNTHIA A			
STREET ADDRESS	#16 CALLE DOS			
CITY-ST-ZIP	KEY WEST, FL 33040			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/18/08</u> <small>Daytime Phone #</small>		