

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90004 017 ***150.00

DOCUMENT # 533993

1. Entity Name

TODO INC.



Principal Place of Business

2617 W. 76TH ST.
HIALEAH FL 33016

Mailing Address

2617 W. 76TH ST.
HIALEAH FL 33016

2. Principal Place of Business

12920 COUNTRY GLEN DR.

Suite, Apt. #, etc.

3. Mailing Address

12920 COUNTRY GLEN DR.

Suite, Apt. #, etc.

City & State

COOPER CITY, FL.

Zip
33330

Country

U.S.

City & State

COOPER CITY, FL.

Zip
33330

Country

U.S.

4. FEI Number

59-1740320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARRAZCAETA, MIGUEL
12920 COUNTRY GLEN DRIVE
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME ARRAZCAETA, MIGUEL ☐ Delete
STREET ADDRESS 12920 COUNTRY GLEN DRIVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE TD
NAME ARRAZCAETA, MIGUEL ☐ Delete
STREET ADDRESS 12920 COUNTRY GLEN DRIVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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: *Miguel Arrazcaeta* MIGUEL ARRAZCAETA 2-4-04 (305) 970-9763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #