

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DU~~E~~ BY MAY 1, 2006

DOCUMENT # A32519

1. Entity Name

TOMARI COMPANY, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:13

Principal Place of Business

% ANA C. FUENTES
 1787 SW 7TH STREET, APT. #6
 MIAMI FL 33135

Mailing Address

1830 NW 5TH STREET
 MIAMI FL 33125
 2910 POINT EAST DR #M-108
 AVENTURA FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E003 (10/05)

4. FEI Number	65-0332325	Applied For
		Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUENTES, ANA C
 2910 POINT EAST DR
 #M-108
 AVENTURA FL 33160

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
	FUENTES, ANA C. 1830 NW 5TH STREET MIAMI FL 33125	2910 POINT EAST DR #M-108 AVVENTURA FL 33160	
DOCUMENT #		STREET ADDRESS	4000072427184
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	04/27/06-01043-021 **526.25
DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Offreco Fuentes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-27-06

Date

Daytime Phone #

STAPLE CHECK HERE