


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90004 015 ***150.00

DOCUMENT # F00000004711

1. Entity Name
TOD01 SERVICES, INC.



Principal Place of Business
**7600 NW 19TH STREET
 SUITE # 600
 MIAMI, FL 33126**

Mailing Address
**7600 NW 19TH STREET
 SUITE # 600
 MIAMI, FL 33126**

54057370



2. Principal Place of Business
7400 NW 19TH Street

3. Mailing Address
7400 NW 19TH Street

Suite, Apt. #, etc.
C

City & State
MIAMI, FL

Zip
33126

Country
USA

06042004 Chg-P CR2E034 (10/03)

4. FEI Number
52-2249861

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
 103 N. MERIDIAN ST., LOWER LEVEL
 TALLAHASSEE, FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIROS, ARMANDO 7600 NW 19TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP TORO, JORGE I 7600 NW 19 STREET - SUITE #600 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRUJILLO, IVAN 7600 NW 19TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTURET, GUSTAVO 7600 NW 19TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIZCAINO, JUAN CARLOS 7600 NW 19TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALDARRIAGA, JORGE L 7600 NW 19TH STREET MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400 NW 19TH Street, Suite C MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEOP SALDARRIAGA, JULIAN 7400 NW 19TH Street, Suite C MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400 NW 19TH Street, Suite C MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400 NW 19TH Street, Suite C MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7400 NW 19TH Street, Suite C MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C/D LONDOÑO, JORGE 7400 NW 19TH Street, Suite C MIAMI, FL 33126

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: _____ **Treasurer 6/8/04 (986) 331-0012**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOD01 SERVICES, INC.
7400 NW 19TH STREET, SUITE # C
MIAMI, FL 33126

Attachment 54057370

#F00000004711

Re: **2004 UNIFORM BUSINESS REPORT
LIST OF OFFICERS/DIRECTORS**

Title: **D**
Name: **Leiros, Armando**
Street Address: **Ave. Andres Bello Edif. Mercantil, Piso 33**
City-ST-ZIP: **San Bernardino, Caracas, Venezuela**

Title: **D**
Name: **Marturet, Gustavo**
Street Address: **Ave. Andres Bello, Edif. Mercantil, Piso 35**
City-ST-ZIP: **San Bernardino, Caracas, Venezuela**

Title: **C/D**
Name: **Londoño, Jorge**
Street Address: **Cra 52 50 20**
City-ST-ZIP: **Medellín, Colombia**

Title: **D**
Name: **Agudelo, Gabriel J.**
Street Address: **Cra 52 50 20**
City-ST-ZIP: **Medellín Colombia**

Title: **D**
Name: **Egas, Fidel**
Street Address: **Ave. Amazonas, 4560 y Pereira**
City-ST-ZIP: **Quito, Ecuador**

Title: **P/CEO**
Name: **Saldarriaga, Julian**
Street Address: **7400 NW 19TH Street, Suite# C**
City-ST-ZIP: **Miami, FL 33126**

Title: **S**
Name: **Trujillo, Ivan**
Street Address: **Ave. Andres Bello, Edif. Mercantil, Piso 35**
City-ST-ZIP: **San Bernardino, Caracas, Venezuela**

Title: **T**
Name: **Vizcaino, Juan C.**
Street Address: **7400 NW 19TH Street, Suite# C**
City-ST-ZIP: **Miami, FL 33126**