


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 022 ***158.75

| | |
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| DOCUMENT # F00000004711 |  |
| 1. Entity Name TODO1 SERVICES, INC. | |

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|---|---|
| Principal Place of Business 7400 NW 19TH STREET #C MIAMI, FL 33126 | Mailing Address 7400 NW 19TH STREET #C MIAMI, FL 33126 |
|---|---|

50007029



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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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01042005 Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 52-2249861 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|---|
| 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 |
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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 After May 1, 2005 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEIROS, ARMANDO 7400 NW 19TH STREET STE C MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP SALDORRIAGA, JULIAN 7400 NW 19TH STREET STE C MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO/P SALDARRIAGA, JULIAN 7400 NW 19th STREET STE C MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TRUJILLO, IVAN 7400 NW 19TH STREET STE C MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTURET, GUSTAVO 7400 NW 19TH STREET STE C MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T VIZCAINO, JUAN CARLOS 7400 NW 19TH STREET STE C MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD LONDONO, JORGE 7400 NW 19TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature is the same 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: _____ | JUAN CARLOS VIZCAINO | 01/21/05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date |



PLEASE SEE ATTACHED

ATTACHMENT

FOOOOOO4711
50007029

TODO 1)

Please include the Directors below:

Title: D

Name: EGAS GRIJALVA, FIDEL

Street Address: 7400 NW 19th STREET STE C

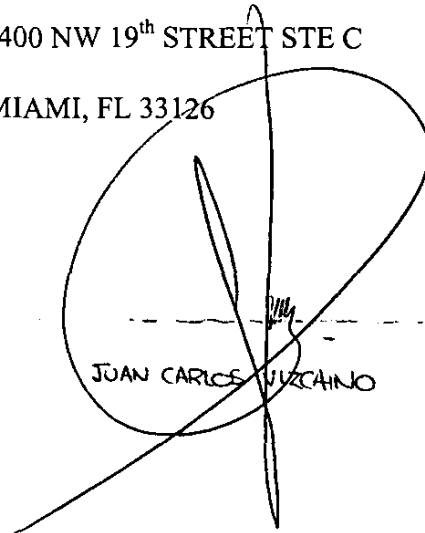
City-ST-ZIP: MIAMI, FL 33126

Title: D

Name: AGUDELO, GABRIEL JAIME

Street Address: 7400 NW 19th STREET STE C

City-ST-ZIP: MIAMI, FL 33126


JUAN CARLOS VUCICHINO

