

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90034 018 \*\*\*150.00



DOCUMENT # F00000004711

1. Entity Name  
 TODO1 SERVICES, INC.

Principal Place of Business

~~7400 NW 19TH STREET~~  
~~#C~~  
~~MIAMI, FL 33126~~

Mailing Address

~~7400 NW 19TH STREET~~  
~~#C~~  
~~MIAMI, FL 33126~~



2. Principal Place of Business - No P.O. Box #  
 10451 NW 117 th Avenue

Suite, Apt #, etc  
 Suite 250

City & State  
 Medley, FL

Zip  
 33178

Country  
 US

3. Mailing Address  
 10451 NW 117th Avenue

Suite, Apt #, etc  
 Suite 250

City & State  
 Medley, FL

Zip  
 33178

Country  
 US

03272007 Chg-P CR2E034 (12/06)

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

CORP DIRECT AGENTS  
 515 E PARK AVE  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name  
 Diego L. Restrepo  
 Street Address (P.O. Box Number is Not Acceptable)  
 396 Alhambra Circle,  
 Suite 210  
 City Coral Gables FL Zip Code 33134

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

*Diego Restrepo*

Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

4/5/2007

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	LEIROS, ARMANDO	<del>7400 NW 19TH STREET STE C</del>	<del>MIAMI, FL 33126</del>	<input type="checkbox"/>
CEOP	SALDARRIAGA, JULIAN	<del>7400 NW 19TH STREET STE C</del>	<del>MIAMI, FL 33126</del>	<input type="checkbox"/>
S	TRUJILLO, IVAN	<del>7400 NW 19TH STREET STE C</del>	<del>MIAMI, FL 33126</del>	<input type="checkbox"/>
CD	MARTURET, GUSTAVO	<del>7400 NW 19TH STREET STE C</del>	<del>MIAMI, FL 33126</del>	<input type="checkbox"/>
T	VIZCAINO, JUAN CARLOS	<del>7400 NW 19TH STREET STE C</del>	<del>MIAMI, FL 33126</del>	<input type="checkbox"/>
D	LONDONO, JORGE	<del>7400 NW 19TH STREET</del>	<del>MIAMI, FL 33126</del>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10451 NW 117th Avenue # 250	Medley, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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		10451 NW 117th Avenue #250	Medley, FL 33178	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/2007 (786) 331-0010

# ATTACHMENT

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**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 05/2007