

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.



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

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
10451 NW 117 th Avenue 10451 NW 117th Avenue

Suite, Apt. #, etc Suite, Apt. #, etc
Suite 250 Suite 250

City & State City & State
Medley, FL Medley, FL

Zip Country Zip Country
33178 US 33178 US

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 DATE 4/5/2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<u>D</u>			<u>10451 NW 117th Avenue # 250</u>	
STREET ADDRESS	<u>LEIROS, ARMANDO</u>		STREET ADDRESS	<u>Medley, FL 33178</u>	
CITY-ST-ZIP	<u>7400 NW 19TH STREET STE C</u>		CITY-ST-ZIP		
	<u>MIAMI, FL 33126</u>				
	<u>CEOP</u>			<u>10451 NW 117th Avenue #250</u>	
NAME	<u>SALDARRIAGA, JULIAN</u>		NAME	<u>Medley, FL 33178</u>	
STREET ADDRESS	<u>7400 NW 19TH STREET STE C</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI, FL 33126</u>		CITY-ST-ZIP		
	<u>S</u>			<u>10451 NW 117th Avenue #250</u>	
NAME	<u>TRUJILLO, IVAN</u>		NAME	<u>Medley, FL 33178</u>	
STREET ADDRESS	<u>7400 NW 19TH STREET STE C</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI, FL 33126</u>		CITY-ST-ZIP		
	<u>CD</u>			<u>10451 NW 117th Avenue #250</u>	
NAME	<u>MARTURET, GUSTAVO</u>		NAME	<u>Medley, FL 33178</u>	
STREET ADDRESS	<u>7400 NW 19TH STREET STE C</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI, FL 33126</u>		CITY-ST-ZIP		
	<u>T</u>			<u>10451 NW 117th Avenue #250</u>	
NAME	<u>VIZCAINO, JUAN CARLOS</u>		NAME	<u>Medely, FL 33178</u>	
STREET ADDRESS	<u>7400 NW 19TH STREET STE C</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI, FL 33126</u>		CITY-ST-ZIP		
	<u>D</u>			<u>10451 NW 117th Avenue #250</u>	
NAME	<u>LONDONO, JORGE</u>		NAME	<u>Medley, FL 33178</u>	
STREET ADDRESS	<u>7400 NW 19TH STREET</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>MIAMI, FL 33126</u>		CITY-ST-ZIP		

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] DATE 4/5/2007 DAYTIME PHONE # (786) 331-0010

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 <i>40060509</i> <i># FDDDDDDDDH</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Botero Olga Margarita 10451 NW 117th Avenue #250 Medley, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete GEOR SALDARRIAGA, JULIAN 7400 NW 19TH STREET STE C MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Henriquez, Philip 10451 NW 117th Avenue #250 Medley, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S TRUJILLO, IVAN 7400 NW 19TH STREET STE C MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Toro, Gonzalo 10451 NW 117th Avenue #250 Medley, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete GD MARTURET, GUSTAVO 7400 NW 19TH STREET STE C MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Perez, Santiago 10451 NW 117th Avenue #250 Medley, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete T VIZCAINO, JUAN CARLOS 7400 NW 19TH STREET STE C MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rosales, Nerio 10451 NW 117th Avenue #250 Medley, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D LONDONO, JORGE 7400 NW 19TH STREET MIAMI, FL 33126	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 exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: *[Signature]* *APRIL 05/2007*

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