

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000002309**

1. Entity Name  
**TOMANE INVESTMENTS, INC.**



Principal Place of Business  
 10261 NW 46 ST  
 MIAMI, FL 33178 US

Mailing Address  
 2307 DOUGLAS ROAD, 400  
 MIAMI, FL 33145 US



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

OVIES, IDA C  
 2307 DOUGLAS RD, #400  
 MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

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

*Ida C Ovies*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PCD
NAME	BARRAZA, FRESIA
STREET ADDRESS	10261 NW 46 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VSTD
NAME	VAZQUEZ, SONIA B
STREET ADDRESS	10261 NW 46 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	DE BARRAZA, ZUNILDA A
STREET ADDRESS	10261 NW 46 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000760811  
 05/25/07-80029-025 150.00

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ida C Ovies*

Date

Daytime Phone #

*4/27/06*