

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 021 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>3785 NW 82 AVE</i>		<p>40112156</p> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>302</i>			
City & State		City & State <i>DORAL FL</i>		07252008 Chg-P CR2E034 (12/06)	
Zip		Zip <i>33166</i>		4. FEI Number NOT APPLICABLE	
Country		Country <i>US</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent OVIES, IDA C 2307 DOUGLAS RD, #400 MIAMI, FL 33178				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
<i>3785 NW 82 AVE</i>				<i>3785 NW 82 AVE</i>	
<i>#302</i>				<i>#302</i>	
City				City	
<i>DORAL</i>				<i>DORAL</i>	
Zip Code				Zip Code	
<i>33166</i>				<i>33166</i>	
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 <i>Ida C. Ovies</i>		DATE <i>7/29/08</i>			
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRAZA, FRESIA		NAME		
STREET ADDRESS	10261 NW 46 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAZQUEZ, SONIA B		NAME		
STREET ADDRESS	10261 NW 46 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE BARRAZA, ZUNILDA A		NAME		
STREET ADDRESS	10261 NW 46 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Rosalia Barraza</i>		DATE: <i>7/29/08</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					