## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001068

Entity Name: TOVARON - USA INC.

FILED Jul 05, 2007 Secretary of State

| Current Principal Place of Business:          |   |  | New Principal Place of Business:             |  |
|---|---|--|--|--|
| 137 FIFTH<br>NEW YOR                          | AVE<br>K, NY 10010                                    |  |  |  |
| Current Mailing Address:                      |   |  | New Mailing Address:                         |  |
| 290-174 S                                     | EDWARDS<br>T., #815<br>LES BEACH, F                   | FL 33160   |  |  |
| FEI Number:                                   | 22-2769898  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: |   |  | Name and Address of New Registered Agent:    |  |
| 290 - 174 \$<br>#815                          | S, NADIA S CF<br>STREET<br>LES BEACH, F               |  |  |  |
|   | named entity s<br>e of Florida.                       | submits this statement for the   | purpose of changing its registere            | d office or registered agent, or both, |
| SIGNATUR                                      | RE:   |  |  |  |
| Electronic Signature of Registered Ager       |   |  | ent  | Date                                   |
|   |   | 3(2)(b), F.S., the corporation did n<br>g Trust Fund Contribution ( ). | ot receive the prior notice.                 |  |
| OFFICERS AND DIRECTORS:                       |   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | CPST ()<br>OFRI, NINI<br>137 5TH AVENU<br>NEW YORK, N |  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ()<br>WEDEN, TIM<br>137 5TH AVENU<br>NEW YORK, N    |  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ()<br>GAVRIELOV, BI<br>137 5TH AVENU<br>NEW YORK, N | JE   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NINI OFRI PRES 07/05/2007