

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001068

Entity Name: TOVARON - USA INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

137 FIFTH AVE
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

C/O N.S. EDWARDS
290-174 ST., #815
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

C/O N.S. EDWARDS
290-174 ST., #1919
SUNNY ISLES BEACH, 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:

EDWARDS, NADIA S CPA
290 - 174 STREET
#815
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

EDWARDS, NADIA S CPA
290 - 174 STREET
#1919
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE:

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: OFRI, NINI
Address: 137 5TH AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: WEDEN, TIM
Address: 137 5TH AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: GAVRILOV, BETTY
Address: 137 5TH AVENUE
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

CPST

04/06/2009

Electronic Signature of Signing Officer or Director

Date