

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F64288	
1. Entity Name TOKAY INVESTMENTS, INC.	

Principal Place of Business 2600 S.W. 3RD AVE. SUITE 800 MIAMI, FL 33129 US	Mailing Address P. O. BOX 450804 MIAMI, FL 33245-0804 US
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2154395	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ACEVEDO, RAFAEL A 819 PARADISO AVE CORAL GABLES, FL 33145-2042	
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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.

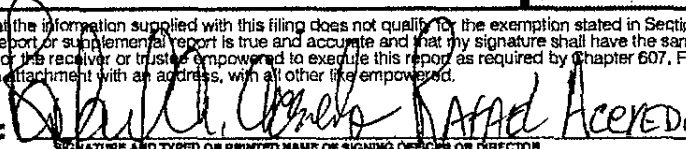
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GUTIERREZ, CYNTHIA 8281 NW 7TH ST MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ACEVEDO, RAFAEL A 819 PARADISO AVE. CORAL GABLES, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ACEVEDO, MARINA 819 PARADISO AVE. CORAL GABLES, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ACEVEDO, RAFAEL A JR 2298 N.W. 166 AVENUE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3-22-05 305 856-7586**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #