

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90023 017 \*\*\*158.75

**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

**60003134**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 33146-2042

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	GUTIERREZ, CYNTHIA
STREET ADDRESS	8281 NW 7TH ST
CITY - ST - ZIP	MAIMI, FL 33126
TITLE	PTD
NAME	ACEVEDO, RAFAEL A
STREET ADDRESS	819 PARADISO AVE.
CITY - ST - ZIP	CORAL GABLES, FL 00000,
TITLE	V
NAME	ACEVEDO, MARINA
STREET ADDRESS	819 PARADISO AVE.
CITY - ST - ZIP	CORAL GABLES, FL 00000,
TITLE	V
NAME	ACEVEDO, RAFAEL A JR
STREET ADDRESS	2298 N.W. 166 AVENUE
CITY - ST - ZIP	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 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

Date

Daytime Phone #

*Rafael A. Acevedo* **RAFAEL A. ACEVEDO**

**1-16-06 305 856-7586**