


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 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

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

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 01/30/07-80011-022 158.75

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: *Rafael A. Acevedo* 1-24-07 305 856-7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #