

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000002138

1. Entity Name
TOORICUM LTD., INC.



Principal Place of Business
**605 EAST ROBINSON ST
STE 400
ORLANDO, FL 32801 US**

Mailing Address
**605 EAST ROBINSON ST
STE 400
ORLANDO, FL 32801 US**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3495257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHENOY, UDAY P
605 EAST ROBINSON STREET
SUITE 400
ORLANDO, FL 32801**

**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

Feb 6, 2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANSAR, ERIKA HALDENSTRASSE: 1 ERLENBACH, SWITZERLAND, CH-873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SHENOY, UDAY P 605 EAST ROBINSON STREET SUITE 400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLMOTT, HANAH HALDENSTRASSE: 1 ERLENBACH, SWITZERLAND, CH-873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUSHD, ASAD A 7 DOWN STREET LONDON, EN w1j7aj
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000825810
02/21/08-80024-018 158.75

**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

ASAD A. RUSHD - V.P

Date

2/6/08

Daytime Phone #