

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000004001

1. Entity Name
TODARO ENTERPRISES INC.



Principal Place of Business
**2961 PLACIDA ROAD 10
ENGLEWOOD, FL 34224**

Mailing Address
**2961 PLACIDA ROAD 10
ENGLEWOOD, FL 34224**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1718054

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TODARO, ANGELO
781 BUCKSKIN CT
ENGLEWOOD, FL 34223**

**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 renewing) DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**CPT
TODARO, ANGELO T
781 BUCKSKIN CT.
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCVS
TODARO, JEAN
781 BUCKSKIN CT.
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000928009
05/21/08-80011-013 150.00

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 4-24-08 *[Signature]* 9-4-08
Date Reverses Phone 1