

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # H20451	
1. Entity Name	
TOJALI CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. BOX 277		3. Mailing Address P.O. BOX 277	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ZIRCONIA, NC.		City & State ZIRCONIA, NC.	
Zip 28970	Country	Zip 28970	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2649115		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KALEEL & ASSOCIATES	
Street Address (P.O. Box Number is Not Acceptable) 555 N CONGRESS AVENUE	
SUITE 301	
City BOYNTON	FL Zip Code 33426

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PT	NAME MYRON L BROWN
STREET ADDRESS 26871 CLARKESTON DR. UNIT #12202	
CITY-ST-ZIP BONITA SPRINGS, FL. 34135	
TITLE VS	NAME CAROLE J BROWN
STREET ADDRESS 26871 CLARKESTON DR. UNIT 12202	
CITY-ST-ZIP BONITA SPRINGS, FL. 34135	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Myron L Brown

MYRON BROWN

Myron L Brown

2/14/2007

864-843-4328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #