

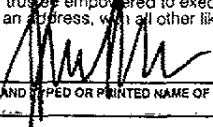


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K51898</b>			
1. Entity Name TOLLOR, INC.			
Principal Place of Business 2188 NE 123 ST APT. 106 NORTH MIAMI BEACH, FL 33181-2902		Mailing Address 2188 NE 123 ST APT. 106 NORTH MIAMI BEACH, FL 33181-2902	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0089322	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FRANCE, LAWRENCE A. 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH, FL 33162		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	 000000142683 04/30/04-80061-010 150.00	
NAME	TOLLOR, BERNARD		
STREET ADDRESS	2188 NE 123 ST		
CITY-ST-ZIP	NO. MIAMI BEACH, FL		
TITLE	D		
NAME	LOBER, KENNETH		
STREET ADDRESS	2188 NE 123 ST	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP	NO. MIAMI BEACH, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Kenneth Lober 4-28-4 305 853 5711	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	