


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90024 023 ***150.00

DOCUMENT # K75291	
1. Entity Name TOYO MEDICAL COMPANY	

Principal Place of Business TOYO TRADING COMPANY 10645 NW 37TH TER. #8 MIAMI, FL 33178 US	Mailing Address TOYO TRADING COMPANY 10645 NW 37TH TER. #8 MIAMI, FL 33178 US
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40012730

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0121034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YAZAWA, MITSURU 10645 NW 37TH TERRACE MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

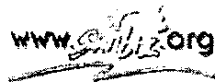
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAZAWA, MITSURU 9920 NW 44 TERRACE #110 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAZAWA, MAGALY 9920 NW 44 TERRACE #110 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1/19/07 305-477-2825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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40012730
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

K75291

Business Entity Name

TOYO MEDICAL COMPANY

FEI Number 650121034
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address TOYO TRADING COMPANY
Suite, Apt. #, etc. 10645 NW 37TH TER. #8
City, State MIAMI, FL
Zip Code & Country 33178 US

Mailing Address

Address TOYO TRADING COMPANY
Suite, Apt. #, etc. 10645 NW 37TH TER. #8
City, State MIAMI, FL
Zip Code & Country 33178 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) YAZAWA, MITSURU, ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 10645 NW 37TH TERRACE

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33178 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	D
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	YAZAWA, MITSURU
Street Address	9920 NW 44 TERRACE #110
City, State	MIAMI, FL
Zip Code & Country	33178

Title	D
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	YAZAWA, MAGALY
Street Address	9920 NW 44 TERRACE #110
City, State	MIAMI, FL
Zip Code & Country	33178

Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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