FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LL61242

1. Entity Name

SIGNATURE:

Tonamy, Inc.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91492 039 ***150.00

Daytime Phone #

	DO NOT WRITE							
	Place of Business	3. Mailing Address	3. Mailing Address					
	. Drange Blossom Tr.	3071 n. Orange Blossom Trail						
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Ste A		Ste A						
City & State		1 '	City & State		4. FEI Number	ə •7	Applied For	
,	undo, Flonda lorando, i			<u>aa</u>	59-299898		Not Applicable	
Zip	Country	33804	Country	2	5. Certificate of Status Desir		3.75 Additional Required	
3280	(807 + 0.5 + 0.5)				7. Name and Address of Current Registered Agent			
A STATE OF THE STA				Name _	7. Name and Address of Cur	ient Kegistarea A	Jeni	
DO NOT WOITE				Anthony Laszaic				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE								
		AVL		2071 2	pranal Bl	Tomasa	r Ste Al	
				City Zip Code				
				000000 FL 33804				
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.								
ł								
SIGNATURE	Signature, typed or printed name of registered agent a	and title it applicable.	(NOTF: Registered A	gent signature required	when reinstating)	DATE		
lai	nuary 1 - May 1 Fee is \$150.00		, , , , , , ,					
	After May 1, Fee is \$550.00		سانت سا		- 9. Election Campaign	n-Financing	-\$5:00 May Be	
Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees								
city and a rest of the add his debiction and add to	Payable to Florida Department of	and the cold and sect	Total Market					
10.	OFFICERS AND I	DIRECTORS				Kangaran Inggaran Ing		
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NAME	Anthony Laszaic 1365 VIIIa Lane Apt	. 23	NAME		The Court of the C	秦国发表		
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12. hereby o	certify that the information supplied with	this filing does not qualif	v for the exemp	tion stated in Se	ction 119 07(3)(i) Florida Statu	tes. I further certify	that the information	
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.								