


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90093 013 \*\*\*\*50.00

<b>DOCUMENT # M04000002072</b>					
<b>1. Entity Name</b> TOSTAO, LLC					
<b>Principal Place of Business</b> 1450 WEST 68 STREET HIALEAH, FL 33014			<b>Mailing Address</b> 1450 WEST 68 STREET HIALEAH, FL 33014		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07062006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 54-2135926				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
AMERICAN INFORMATION SERVICES, INC. 1 S.E. THIRD AVENUE, SUITE 2800 MIAMI, FL 33131			Name <u>Elizabeth Bello, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1460 West 68 Street</u> City <u>Hialeah</u> <b>FL</b> Zip Code <u>33014</u>		
<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.</b>					
SIGNATURE <u>Elizabeth Bello President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			DATE <u>07-06-06</u>		
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLO, ENRIQUE A 1450 WEST 68 STREET HIALEAH, FL 33014	<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	
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	
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/6/06</u> 305 557 2664    Daytime Phone #		