2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2004 8:00 am Secretary of State

DOCUMENT # M53339 1. Erility Name TOTO INTERNATIONAL INC.					01-09-2004	90066 045 ***15	0.00
Principal Place of Business 1420 CLEVELAND ROAD MIAMI BEACH, FL 33141		Mailing Address 1420 CLEVELAND ROAD MIAMI BEACH, FL 33141			24000305		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numbe 59-281		 - - 	plied For it Applicable
Zip	Country 6. Name and Address of Curre	Zip	Country		of Status Desired	S8.75 Add	
KURKIN, MORRIS 1420 CLEVELAND ROAD MIAM! BEACH, FL 33141 Street Abdress (P.O. Box Number is Not Acceptation of Decision of Policy of Decision of registered agent.) 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 Value Valu							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
TITLE NAME SIREET ADDRESS CITY-ST-2IP	OFFICERS AND PHOTOLOGY AND PROPERTY OF THE PRO	ND DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHANGES TO OFF	Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KURKIN, RUTH 1420 CLEVELAND ROAD MIAMI BEACH, FL	☐ Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KURKIN, RU 1420 CLEVEL MIAM. BEA	שון מאא.	● Change 33 14/	Addition
TITLE		☐ Delete	TITLE -NAME-	KVAKIN	-MARIC_	\mathbb{Q} Change	Addition
STREET ADDRESS City-St-Zip			STREET ADDRESS City-ST-ZiP	MIAMI BE		33141	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			∵ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS GHY-ST-ZIP	ard in Castler 44D 07/0V	D. Elavida Statute	Change	Addition
indianod	certify that the information supplied v	t in the and appropriate and that	or circulture chall h	and the serve land offer	t ac if made under	nath that I am an officer	or dispeter

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: KUNKIN, BUTH

305-8645955