

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90318 009 ***150.00

DOCUMENT # P00000070065

1. Entity Name
TOISCA CORP.



Principal Place of Business
7451 NW 63RD ST
MIAMI, FL 33166

Mailing Address
7451 NW 63RD ST
MIAMI, FL 33166

14013392



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1029711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MCNABB, TERRENCE
STREET ADDRESS 31 MIDDLESEX RD
CITY-ST-ZIP MANSFIELD, MA 02048

TITLE CT ☐ Delete
NAME PARLENGAS, RONALD
STREET ADDRESS 18 RED GAP RD
CITY-ST-ZIP WILBRAHAM, MA 01095

TITLE AC ☒ Delete
NAME CRABTREE, LYNNDA
STREET ADDRESS 1 OVERLAND STREET
CITY-ST-ZIP FITCHBURG, MA 01420

TITLE D ☒ Delete
NAME LEMARY, SCOTT
STREET ADDRESS 535 SOUTH STREET
CITY-ST-ZIP FITCHBURG, MA 01420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME LEMAY, SCOTT
STREET ADDRESS 535 SOUTH STREET
CITY-ST-ZIP FITCHBURG, MA 01420

TITLE D ☐ Change ☒ Addition
NAME KWAIT, BRIAN
STREET ADDRESS 75 ROCK MAPLE ROAD
CITY-ST-ZIP GREENWICH, CT 06830

TITLE D ☐ Change ☒ Addition
NAME HITCHNER, DOUGLAS
STREET ADDRESS 56B FOREST DRIVE
CITY-ST-ZIP SPRINGFIELD, NJ 07081

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

R. M. P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

508-594-2616

Daytime Phone #