

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90144 001 \*\*\*900.00

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005

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

7. Name and Address of New Registered Agent

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

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, 2005 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 & CEO** ☒ Delete  
NAME **MENABB, 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 **D** ☒ Delete  
NAME **LEMAY, SCOTT**  
STREET ADDRESS **55 SOUTH STREET**  
CITY-ST-ZIP **FITCHBURG, MA 01420**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TREASURER & SECRETARY** ☒ Change ☒ Addition  
NAME **RONALD PARLENGAS**  
STREET ADDRESS **18 RED GAP ROAD**  
CITY-ST-ZIP **WILBRAHAM, MA 01095**

TITLE **ASSISTANT SECRETARY** ☒ Change ☒ Addition  
NAME **JOSEPH BALDUCCI**  
STREET ADDRESS **51 LONGWOOD DRIVE**  
CITY-ST-ZIP **LUDENBURG, MA 01462**

TITLE **VP & CFO** ☐ Change ☒ Addition  
NAME **TERRY BELLORA**  
STREET ADDRESS **85 EAST INDIA WAY**  
CITY-ST-ZIP **BOSTON, MA 02110**

TITLE **MUZZI MIRZA, DIRECTOR** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **280 PARK AVENUE 38th Floor**  
CITY-ST-ZIP **New York, NY 10017**

TITLE **PRESIDENT & CEO** ☒ Change ☒ Addition  
NAME **TERRENCE MCNABB**  
STREET ADDRESS **200 FRIBERG PARKWAY, STE 4000**  
CITY-ST-ZIP **WESTBORO, MA 01581**

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:

*Ronald Parlangas* **RONALD PARLANGAS 3-3-05**

**508-594-2858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #