2004 FOR PROFIT CORPORATION

Apr 23, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P00000072694 1. Entity Name 04-23-2004 90248 001 ***150.00 TOVA INTERNATIONAL, INC. Principal Place of Business Mailing Address 2851 N.E. 183RD ST #2204 AVENTURA FL 33160 2851 N.E. 183RD ST #2204 AVENTURA FL 33160 2. Principal Place of Business 3. Mailing Address 210 NE 2125T 210 NE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 11F 15" F 15 City & State MIAMI City & State 4. FEI Number Applied For 65-0676221 the coeins FLORIDA MIAMI Not Applicable Country DE \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINER, ZEEN R Street Address (P.O. Box Number is Not Acceptable) 2851 N.E. 183RD ST #2204 **AVENTURA FL 33160** City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE プRKS1126T RAM ... F 15" REINER, ZEE W RAM NAME NAME REINEr STREET ADDRESS 2851 N.E. 183RD ST #2204 STREET ADDRESS 210 NE 212 ST **AVENTURA FL 33160** CITY-ST-ZIP FL. CITY-ST-ZIP 771/A Mi Change ■ Addition STD ☐ Delete 5tD TITLE REINER, LEORAH M NAME REINER LEORAH M NAME 210 NE 212 ST STREET ADDRESS 2851 N.E. 183RD ST #2204 STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33160 CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED MAME OF SIGNING OFFICER OR DIRECTOR

FILED