2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: .

Aug 02, 2005 8:00 am Secretary of State DOCUMENT # P00000074366 08-02-2005 90032 016 ***150.00 TOTI PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 23007 BEACHNUT COURT 23007 BEACHNUT COURT LUTZ FL 33559 LUTZ FL/33559 2. Principal Place of Business 3. Mailing Address 4719 JEHMAR WAY JEHMAR WAY 1st MOORE CR2E034 (10/04) HE M DOD MEIN DORT City & State Applied For 4. FEI Number 59-3708257 Not Applicable Zip Country Country Zip \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REIBER, JACOB I Street Address (P.O. Box Number is Not Acceptable) 26650 HIGHWAY 54 LUTZ FL 33549 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 Fiorida. 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, 2005 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 TATE Change ■ Addition POROSLAY ATTILA POROSLAY, ATTILA MAME NAME 4719 JENMARWAY 23007 BEACHNUT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33559 CHY-ST-7IP NEW PORT RICHEY, FL. 34652 ST TITLE ☐ Detete TITLE ☐ Addition POROSLAY GIZELLH I POROSLAY, GIZELLA I x NAME NAME 4719 JEHMAR WAY STREET ADDRESS 23007 BEACHNUT COURT STREET ADDRESS HEWPORT RICHEY. LUTZ FL 33559 CITY-ST-7IP CHY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-702 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 on 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 attachm

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