2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90056 027 ***150.00

DOCUMENT # P00000074366

1. Entity Name

TOTI PROPERTY INVESTMENTS, INC.

Principal Place of Business: ~~4719 JENMAR WAY~~ 3743 FLORAMAR TER, NEW PORT RICHEY FL 34652

Mailing Address: 3743 FLORAMAR TER ~~4719 JENMAR WAY~~ NEW PORT RICHEY FL 34652

2. Principal Place of Business - No P.O. Box #: 3743 FLORAMAR TERRACE	3. Mailing Address: 3743 FLORAMAR TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY	City & State: NEW PORT RICHEY
Zip: 34652 Country: FL	Zip: 34652 Country: FL

1st MOORE CR2E034 (10/07)

4. FEI Number: 59-3708257 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REIBER, JACOB I
26650 HIGHWAY 54
LUTZ FL 33549

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 ______________________________ DATE
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
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POROSLAY, ATTILA ~~4719 JENMAR WAY~~ 3743 FLORAMAR TER, NEW PORT RICHEY FL 34652 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: ATTILA POROSLAY [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #