## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000098696

BRICENO, JÙÁN M

2600 GLADES CIRCLE

WESTON, FL 33327

Name: Address:

City-St-Zip:

Entity Name: TOOKE INTERNATIONAL, INC.

FILED Apr 07, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2600 GLADES CIRCLE STE. 900-1000 WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 2600 GLADES CIRCLE STE. 900-1000 WESTON, FL 33327 FEI Number: 65-1050670 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREEMAN, MARC FREEMAN, MARC 3981 SW 60TH TERR 8981 SW 60TH TERR MIAMI, FL 33173 MIAMI, FL 33173 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. SIGNATURE: 04/07/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VSD ( ) Delete Title: () Change () Addition Name: MARTINEZ, MARIA A Name: 2271 PASSADENA WAY Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: PTD Title: () Delete () Change () Addition Name: TAMAYO, MARIANNA Name: 1618 VICTORIA POINT CIR. Address: Address: WESTON, FL 33327 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TAMAYO, GUSTAVO Name: Name: 2600 GLADES CIRCLE Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIANNA TAMAYO PTD 04/07/2004