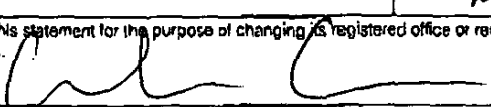
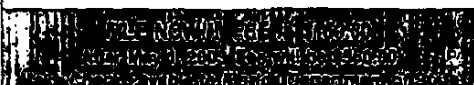
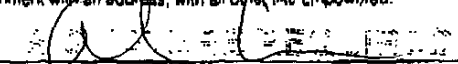


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91518 025 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000007695					
1. Entity Name TOBOR CORPORATION					
Principal Place of Business 801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134			Mailing Address 801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134		
2. Principal Place of Business CASAS RIEGNER GALLERY Suite, Apt. #, etc. 25 NE 39 ST. City & State MIAMI, FL. Zip 33137 Country VSA			3. Mailing Address CASAS RIEGNER Suite, Apt. #, etc. 25 NE 39 ST. City & State MIAMI, FL. Zip 33137 Country VSA		
☐ CHECK HERE IF MAKING CHANGES					
4. FEI Number 65-1105032				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESO 801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name CATALINA CASAS Street Address (P.O. Box Number is Not Acceptable) 25 NE 39 ST. City MIAMI FL Zip Code 33137		
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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
				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	0 CASAS, ALBERTO 801 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)