2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017832

1. Entity Name
TOLEDO DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
16675 NW 84 CT	4710 NW 37 AVE
MIAMI LAKES, FL 33016	MIAMI, FL 33142

24009506

02032004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number   Applied For / Not Applicable
65-1085841

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

6. Name and Address of Current Registered Agent

ANDEREZ, JUAN
16675 NW 84 CT
MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SUAREZ, GUILLERMO
STREET ADDRESS	4710 NW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	DS
NAME	ANDEREZ, JUAN
STREET ADDRESS	4710 NW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #