2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000039455

1. Entity Name
THINGS TO GO, INC.

Principal Place of Business	Mailing Address
790 LAKEVIEW DRIVE MIAMI, FL 33140	790 LAKEVIEW DRIVE MIAMI, FL 33140

DO NOT WRITE IN THIS SPACE

02192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
81-0546451	Not Applicable

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

6. Name and Address of Current Registered Agent

MACHADO, CESAR
790 LAKEVIEW DRIVE
MIAMI, FL 33140

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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	U00000135327 04/28/04-80055-011 150.00

10.   OFFICERS AND DIRECTORS

U00000135327
04/28/04-80055-012 8.75

TITLE	D
NAME	MACHADO, CESAR
STREET ADDRESS	790 LAKEVIEW DRIVE
CITY-ST-ZIP	MIAMI, FL 33140

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _____ CESAR MACHADO   04/26/04 (305) 561 5151

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