2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6. Name and Address of Current Registered Agent

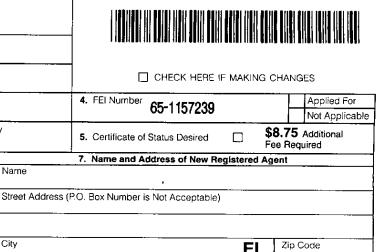
P01000106582 **DOCUMENT #**



Jan 09, 2003 8:00 am Secretary of State -09-2003 90113 013 ***150.00

FILED

1. Entity Name TORONI, INC.			01		
Principal Place of Business 1840 N FRDERAL HWY HOLLYWOOD FL 33020	Mailing Address 1840 N FRDERAL HWY HOLLYWOOD FL 33020	1840 N FRDERAL HWY			
2. Principal Place of Business					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	City & State			
Zip Countr	Zip	Country	5. Certificate of Statu		



			. –	
8.	The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida.	am fan	niliar with, and accept

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

MARINOS, ANGELO

SIGNATURE

1840 N FRDERAL HWY HOLLYWOOD FL 33020

(NOTE: Registered Agent signature required when reinstating)

Name

City

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Chec	k Payable to Florida Department of State	. Irust Fund Contribution. L.J Added to Fees		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO MARINOS, ANGELO 1840 N FRDERAL HWY HOLLYWOOD FL 33020	☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with the indicated on this report of supplemental report is of the corporation or the receiver of trustee empty. this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director world to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address

CITY-ST-ZIP

CITY-ST-ZIP

RINTED NAME OF SIGNING

CR2E034 (10/02)