2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P02000098157 1. Entity Name 04-12-2004 90280 047 ***150.00 TONI, INC. Principal Place of Business Mailing Address 7050 WEST PALMETTO PARK ROAD 7050 WEST PALMETTO PARK ROAD SUITE 23 SUITE 23 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 33-1021468 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LONGO_ LONGO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7050 WEST PALMETTO PK RD., STE 23 **BOCA RATON FL 33433** City Zip Code 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Delete TITLE ☐ Addition TITLE NAME GRECCO, MARIA NAME 7050 WEST PALMETTO PARK ROAD, STE. 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP VD Change Addition TITLE ☐ Delete TITLE MANDATO, CHRISTINE NAME NAME STREET ADDRESS 7050 WEST PALMETTO PARK ROAD, STE. 23 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP .Change Defete TITLE _<u>Addition</u>_ TITLE LONGO, ROBERT NAME STREET ADDRESS 7050 WEST PALMETTO PARK ROAD, STE. 23 STREET ADDRESS City-St-7IP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ROBERT LONG O

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED