

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90458 014 \*\*\*150.00

<b>DOCUMENT # P02000110034</b>					
<b>1. Entity Name</b> TOGRAM ENTERPRISES INC.					
<b>Principal Place of Business</b> 3434 TAMPA ROAD PALM HARBOR, FL 34684			<b>Mailing Address</b> 3434 TAMPA ROAD PALM HARBOR, FL 34684		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01-0749979	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MCDUGALL, MARGOT 4004 BAINWOOD COURT TAMPA, FL 33614			<b>7. Name and Address of New Registered Agent</b> Name: <u>SAMTZ</u> Street Address (P.O. Box Number is Not Acceptable): <u>3434 TAMPA RD</u> City: <u>PALM HARBOR</u> <b>FL</b> Zip Code: <u>34684</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: <u>P</u> NAME: <u>MCDUGALL, MARGOT</u> STREET ADDRESS: <u>4004 BAINWOOD CT</u> CITY-ST-ZIP: <u>TAMPA, FL 33614</u>	<input type="checkbox"/> Delete		TITLE: <u>P</u> NAME: <u>SAMTZ</u> STREET ADDRESS: <u>3434 TAMPA RD</u> CITY-ST-ZIP: <u>PALM HARBOR, FL 34684</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u>VP</u> NAME: <u>SHAH, RAMI P</u> STREET ADDRESS: <u>601 E ANAPAMILL ST. #203</u> CITY-ST-ZIP: <u>SANTA BARBARA, CA 93103</u>	<input type="checkbox"/> Delete		TITLE: <u>VP</u> NAME: <u>SAMTZ</u> STREET ADDRESS: <u>3434 TAMPA RD</u> CITY-ST-ZIP: <u>PALM HARBOR FL 34684</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Margot McDougall</u> <u>4/29/04</u> <u>707 772 9796</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

14017137



04292004 Chg-P CR2E034 (10/03)