

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90414 030 ***150.00

DOCUMENT # P03000001420

1. Entity Name
TOTITO CORP.



Principal Place of Business
**16230 77TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418**

Mailing Address
**16230 77TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418**

94063571



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
02-0662170

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

Name
Alfredo Perez
Street Address (P.O. Box Number is Not Acceptable)
16230 77th Trail No.
City
Palm Beach Gardens FL Zip Code
33418

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

Alfredo Perez

3-29-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	PEREZ, ALFREDO	
STREET ADDRESS	16230 77TH TRAIL NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	STD	☐ Delete
NAME	SAMANIEGO-PEREZ, EVIE	
STREET ADDRESS	16230 77TH TRAIL NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Alfredo Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04 *588-7124*

Date

Daytime Phone #