


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000071149
1. Entity Name
INVERSIONES TOYEMMY SA CORP.



Principal Place of Business
1280 SOUTH POWERLINE ROAD
SUITE 5
POMPANO BEACH, FL 33069

Mailing Address
1280 SOUTH POWERLINE ROAD
SUITE 5
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

BOREK, LYDIA
1280 SOUTH POWERLINE ROAD
SUITE 5
POMPANO BEACH, FL 33069

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANABRIA, TOMAS SR
STREET ADDRESS	1280 SOUTH POWERLINE ROAD SUITE 5
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	SANABRIA, TOMAS JR
STREET ADDRESS	1280 SOUTH POWERLINE ROAD SUITE 5
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	DE PEREZ, LOLITA
STREET ADDRESS	1280 SOUTH POWERLINE ROAD SUITE 5
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80081-025 150.00

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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:  **4/27/05** (954) 979-4801

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