


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90016 030 ***150.00

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
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ *Joly* _____ *03/19/07* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #