

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90007 044 ***150.00

DOCUMENT # P03000077074

1. Entity Name

TOTOS SERVICES, INC.



Principal Place of Business

5370 PALM AVENUE
 HIALEAH FL 33012

Mailing Address

5370 PALM AVENUE
 HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0365328

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SANCHEZ, RAFAEL
 1570 WEST 43 PL
 SUITE 10
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

WALDO VALDES VALLE

Street Address (P.O. Box Number is Not Acceptable)

5370 PALM AVE

City

HIALEAH FL

FL

Zip Code

33012

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
NAME	VALDES-VALLE, WALDO	
STREET ADDRESS	5370 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOGUEIRAS, NELLY	
STREET ADDRESS	5370 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, RAFAEL	
STREET ADDRESS	1570 WEST 43 PL #10	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/04

Daytime Phone #