

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077074

Entity Name: TOTOS SERVICES, INC.

FILED  
Jul 14, 2006  
Secretary of State

**Current Principal Place of Business:**

5370 PALM AVENUE  
#11  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

5370 PALM AVENUE  
#11  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 83-0365328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALLE, WALDO V  
5370 PALM AVE  
HIALEAH, FL 33017      US

**Name and Address of New Registered Agent:**

VALLE, WALDO V  
5370 PALM AVE  
11  
HIALEAH, FL 33012 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

07/14/2006

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VALDES-VALLE, WALDO  
Address: 5370 PALM AVENUE #11  
City-St-Zip: HIALEAH, FL 33012

Title: TD ( ) Delete  
Name: NOGUEIRAS, NELLY  
Address: 5370 PALM AVENUE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: NOGUEIRA, NELLY  
Address: 5370 PALM AVENUE # 11  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALDO VALDES-VALLE

Electronic Signature of Signing Officer or Director

PD

07/14/2006

Date