

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2008 08:00 A
Secretary of State**

DOCUMENT # P03000088227

**1. Entity Name
TOMI PROPERTIES, INC.**



Principal Place of Business

**848 BRICKELL KEY DRIVE
APARTMENT 304
MIAMI, FL 33131**

Mailing Address

**9801 SW 5TH ST
MIAMI, FL 33174**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

**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

**VELEZ, TOMAS
848 BRICKELL KEY DRIVE
APARTMENT 304
MIAMI, FL 33131**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

U00000874275
04/10/08-80111-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VELEZ, GERMAN
STREET ADDRESS	848 BRICKELL KEY DRIVE APT. 304
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ORTEGA, SONIA
STREET ADDRESS	848 BRICKELL KEY DRIVE APT. 304
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	VELEZ, TOMAS
STREET ADDRESS	848 BRICKELL KEY DRIVE APT. 304
CITY-ST-ZIP	MIAMI, FL 33131
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: *X Tomas Velez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-08
Date

305-226-2445
Daytime Phone #