

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90013 043 ***150.00

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1. Entity Name
TONER X TONS, INC



Principal Place of Business
**4649 PONCE DE LEON BLVD.
#404
CORAL GABLES, FL 33146**

Mailing Address
**4649 PONCE DE LEON BLVD.
#404
CORAL GABLES, FL 33146**

40000657



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2397563

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALBERNI, PEDRO L
4649 PONCE DE LEON BLVD.
#404
CORAL GABLES, FL 33146**

**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 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 NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, GERARDO 14327 S.W. 96 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, MARIA R F 14327 S.W. 96 LANE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, AURA A 14327 S.W. 96 LANE MIAMI, FL 33186
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARDO

GONZALEZ

1-06-05

Date

Daytime Phone # _____