

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90289 045 ***158.75

DOCUMENT # P04000061323

1. Entity Name
TOYN FOOD CORP.



Principal Place of Business
**18651 SW 39TH ST
MIRAMAR, FL 33029**

Mailing Address
**18651 SW 39TH ST
MIRAMAR, FL 33029**

14011270



2. Principal Place of Business
5945 WEST 25TH COURT

3. Mailing Address
5945 WEST 25TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number
20-1060237

Applied For
Not Applicable

Zip
33016

Country
MIAMI-DADE

Zip
33016

Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, JUAN Y
18651 SW 39TH ST
MIRAMAR, FL 33029**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DIAZ, JUAN Y**
CITY-ST-ZIP **18651 SW 39TH ST
MIRAMAR, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN Y. DIAZ

(305) 558-9114

Date

Daytime Phone #