2006 FOR PROFIT CORPORATION —ANNUAL REPORT

DOCUMENT # P04000090032

1. Entity Name
TOVLEHODOS CORP



FILED
May 01, 2006 08:00 A
Secretary of State

CR2E034 (11/05)

Principal Place of Business

4434 NORTH BAY RD MIAMI BEACH, FL 33140 Mailing Address

4434 NORTH BAY RD MIAMI BEACH, FL 33140



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-1261767 Not Applied be

6. Name and Address of Current Registered Agent

LEVINE, JACK 16855 NE 2ND AVE., STE. 303 NORTH MIAMI BEACH, FL 33162

SIGNATURE

DO NOT WRITE IN THIS SPACE

No Chg-P

04032006

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 it applicable. (NOTE. Registered Agent signature required when reinstalling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	oing 🗆	\$5.00 May Be Added to Fees	U00000556294 05/17/06-80004-003 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORNREICH, JUDA W 4434 NORTH BAY RD MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR