2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90013 039 ***150.00

DOCUMENT # P04000121125

1. Entity Name
TOBAK, INC.

50000810

Principal Place of Business	Mailing Address
9130 SW SOUTHDADELAND BLVD. 1600 MIAMI, FL 33256	9130 SW SOUTHDADELAND BLVD. 1600 MIAMI, FL 33256

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
169 East Flagler Street	18851 NE 29th Ave
Suite, Apt. #, etc.: 1534	Suite, Apt. #, etc.: 900
City & State: Miami, FL	City & State: AVENTURA, FL
Zip: 33131 Country: US	Zip: 33180 Country: US

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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
MAZZA-MARTINEZ, TANIA A 9130 SOUTHDADELAND BLDV. 1600 MIAMI, FL 33256	Name: Leonardo A. Roth, Esq. Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th AVE, SUITE 900 City: AVENTURA FL Zip Code: 33180

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 _____ 01/06/05
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TORRES, EDWIN R MR. 9130 SOUTHDADELAND BLDV., STE. 1600 MIAMI, FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 18851 NE 29th Ave, Suite 900 Aventura, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASTELLAÑOS, GIOCONDA C MS. 9130 SOUTHDADELAND BLDV., STE. 1600 MIAMI, FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 18851 NE 29th. Ave Suite 900 Aventura, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, INGRID C MS. 9130 SOUTHDADELAND BLDV., STE. 1600 MIAMI, FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 18851 NE 29th Ave Suite 900 Aventura, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, ALEJANDRO M MR. 9130 SOUTHDADELAND BLDV., STE. 1600 MIAMI, FL 33256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 18851 NE 29th Ave Suite 900 Aventura, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Castellanos Gioconda VP Gioconda Castellanos 01/06/05 786.279.0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #