2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-03-2006 90015 035 ***150.00

DOCUMENT # P04000121125

1. Entity Name
TOBAK, INC.

66002875

01252006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
169 EAST FLAGLER STREET SUITE 1534 MIAMI, FL 33131	188551 NE 29TH AVE SUITE 900 AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
145 ARAGON AVENUE	145 ARAGON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 98-0443605 ☐ 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
ROTH, LEONARDO A ESQ 18851 NE 29TH AVE. SUITE 900 AVENTURA, FL 33180	Name: MENDIVE & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable): 250 CATALONIA AVENUE, SUITE 705 City: CORAL GABLES FL Zip Code: 33134

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: Leonardo A. Roth, P.A. 1/25/06
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, 2006 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. 18851 NE 29TH AVE, SUITE 900 AVENTURO, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASTELLANOS, GIOCONDA C MS. 18851 NE 29TH AVE, SUITE 900 AVENTURO, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	145 ARAGON AVENUE CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, INGRID C MS. 18851 NE 29TH AVE, SUITE 900 AVENTURO, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	145 ARAGON AVENUE CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, ALEJANDRO M MR. 18851 NE 29TH AVE, SUITE 900 AVENTURO, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	145 ARAGON AVENUE CORAL GABLES, FL 33134	☒ Change ☐ Addition
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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 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: Castellanos Gioconda 02-20-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #