2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007 8:00 am
Secretary of State
05-25-2007 90028 011 ***150.00

DOCUMENT # P04000121125

1. Entity Name
TOBAK, INC.

Principal Place of Business	Mailing Address
145 ARAGON AVE CORAL GABLES, FL 33134	145 ARAGON AVE CORAL GABLES, FL 33134

66019461

05102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

MENDIVE & ASSOCIATES, PA
250 CATALONIA AVE STE 705
AVENTURA, FL 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORRES, EDWIN R MR.
STREET ADDRESS	145 ARAGON AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	CASTELLANOS, GIOCONDA C MS.
STREET ADDRESS	145 ARAGON AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	TORRES, INGRID C MS.
STREET ADDRESS	145 ARAGON AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	TORRES, ALEJANDRO M MR.
STREET ADDRESS	145 ARAGON AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
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 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 06/12/07 (786)683-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

DOCUMENT # P04000121125

1. Entity Name
TOBAK, INC.

Principal Place of Business	Mailing Address
145 ARAGON AVE CORAL GABLES, FL 33134	145 ARAGON AVE CORAL GABLES, FL 33134

660194461

[redacted]

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby ... indicated ... of the co... changed ... an officer or director Block 10 or Block 11 if

SIGNAT...

TOBAK INC.
DBA CHEVEUX SALON
145 Aragon Avenue
Coral Gables, FL 33134
305-461-5800

1127
63-666/632

May 16, 2007
DATE

PAY TO THE ORDER OF Florida Department of State $ 150.00

One Hundred Fifty and 00/100 ——— DOLLARS

REGIONS BANK

FOR FEI Number 98-0443605 Castellanos Gioconda

⑆063206663⑆ 96 603A 6536⑈ 1127