

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-23-2005 90072 035 ***150.00

DOCUMENT # P04000124926 1. Entity Name TOLEDO ISLES AT PALM AVE, INC.					
Principal Place of Business 664 E 25TH ST 101 HIALEAH FL 33013			Mailing Address 664 E 25TH ST 101 HIALEAH FL 33013		
2. Principal Place of Business 8004 NW 154 ST # 320		3. Mailing Address 8004 NW 154 ST # 320			
Suite, Apt. #, etc. # 320		Suite, Apt. #, etc. # 320			
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL		4. FEI Number 20-1562667	
Zip 33016		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33016		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MONTESANO, JESUS 664 E 25TH ST 101 HIALEAH FL 33013				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME MONTESANO, JESUS		<input type="checkbox"/> Delete		
STREET ADDRESS 664 E 25TH ST 101	CITY-ST-ZIP HIALEAH FL 33013		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME CHAMAH, MIGUEL A		<input type="checkbox"/> Delete		
STREET ADDRESS 664 E 25TH ST 101	CITY-ST-ZIP HIALEAH FL 33013		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME CHAMAH, MIGUEL A		<input type="checkbox"/> Delete		
STREET ADDRESS 664 E 25TH ST 101	CITY-ST-ZIP HIALEAH FL 33013		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS 664 E 25TH ST 101	CITY-ST-ZIP HIALEAH FL 33013		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS 664 E 25TH ST 101	CITY-ST-ZIP HIALEAH FL 33013		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jes Montesano</i></u> JOSU MONTESANO <u>2-18-05</u> <u>305-835-7685</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					