
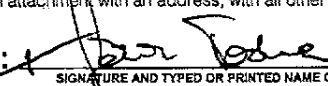


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000136316</b>		
1. Entity Name GEZIM TOSKA INC.		
Principal Place of Business 7601 INDIA AVE JACKSONVILLE, FL 32211		Mailing Address 7601 INDIA AVE JACKSONVILLE, FL 32211
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  TOSKA, GEZIM 7601 INDIA AVE JACKSONVILLE, FL 32211		<b>DO NOT WRITE IN THIS SPACE</b>
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 rehashing) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000414503 02/11/06-80043-021 150.00
TITLE	DP	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	TOSKA, GEZIM	
STREET ADDRESS	7601 INDIA AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	DV	
NAME	TOSKA, DANIELA	
STREET ADDRESS	7601 INDIA AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>01/29/2006</u> <u>(904) 725 2351</u> Daytime Phone #