

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166863

FILED  
Jul 18, 2005  
Secretary of State

Entity Name: TOLEDO CHESS & DOMINO CLUB, INC.

**Current Principal Place of Business:**

760 EAST 4TH AVENUE  
HIALEAH, FL

**New Principal Place of Business:**

760 EAST 4TH AVENUE  
HIALEAH, FL 33010

**Current Mailing Address:**

760 EAST 4TH AVENUE  
HIALEAH, FL

**New Mailing Address:**

760 EAST 4TH AVENUE  
HIALEAH, FL 33010

FEI Number: 16-1712588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOLEDO, PEDRO L  
12460 SW 207 TERRACE  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOLEDO, PEDRO L  
Address: 12460 SW 207 TERRACE  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO L. TOLEDO

D

07/18/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date