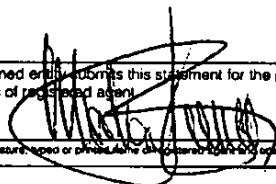
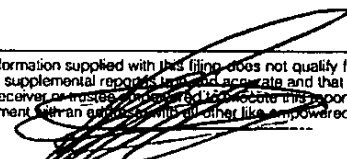


FILED
Apr 10, 2006 8:00 am
Secretary of State

66009300

DOCUMENT # P05000026011			
1. Entity Name BOB TOTO'S CORPORATION			
Principal Place of Business 6102 ADAMO DRIVE UNIT B-1 TAMPA, FL 33619		Mailing Address 6102 ADAMO DRIVE UNIT B-1 TAMPA, FL 33619	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TOTO, ROBERT A 440 NW LISMORE LANE PORT ST LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Michael Sierra Street Address (P.O. Box Number is Not Acceptable) 703 W. Swann Ave. City Tampa FL Zip Code 33606	
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 2/9/06	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P TOTO, ROBERT A 440 NW LISMORE LANE PORT ST LUCIE, FL 34986		P/D 6102 Adamo Drive - Unit B-1 Tampa, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 reports 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 of the corporation; that I have executed 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 affidavit of other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			