


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90066 006 ***150.00

DOCUMENT # P05000058971 1. Entity Name TOTO'S PROPERTIES, INC.			
Principal Place of Business 703 W. SWANN AVE TAMPA, FL 33606		Mailing Address 703 W. SWANN AVE TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 6102 Adamo Dr. Suite, Apt. #, etc.		3. Mailing Address 6102 Adamo Dr Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33619 Hillsborough		Zip 33619 Hillsborough	
4. FEI Number 59-3805125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIERRA, MICHAEL 703 W. SWANN AVE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Robert A. Toto Street Address (P.O. Box Number is Not Acceptable) 6102 Adamo Dr City Tampa FL Zip Code 33619	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST TOTO, ROBERT A 703 W. SWANN AVE TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 amendments, will fail otherwise empowered.			
SIGNATURE: _____		5/3/07 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	