

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000087455 1. Entity Name OTOKO ENTERPRISES, INC.	
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Principal Place of Business 10282 STALLION RUN COURT JACKSONVILLE, FL 32257 US	Mailing Address 10282 STALLION RUN COURT JACKSONVILLE, FL 32257 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3013110	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUCE, DANIELLE
10282 STALLION RUN COURT
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)
Signature typed or printed name of registered agent and title if applicable DATE

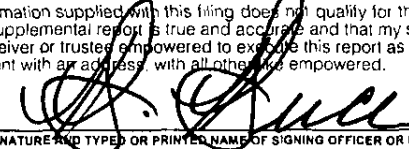
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000284008 04/17/08-80026-016 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUCE, DANIELLE 10282 STALLION RUN COURT JACKSONVILLE, FL 32257
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IN THIS SPACE**

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 persons empowered.

SIGNATURE:  **4/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #