2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000126037

Entity Name: TORATON PARTNERS INC.

FILED Nov 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20283 STATE ROAD 7 SUITE 300 BOCA RATON, FL 33498 **New Mailing Address: Current Mailing Address:** 20283 STATE ROAD 7 SUITE 300 BOCA RATON, FL 33498 FEI Number: 20-3486398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD., STE. 101 TALLAHASSEE, FL 323012960 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ELFENBEIN, JONATHAN ELFENBEIN, JONATHAN Name: Name: 21301 POWERLINE RD., STE. 302 20283 STATE ROAD 7 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33498 Title: DV Title: () Delete () Change () Addition Name: OLIVER, KEVIN Name: 2931 NW 28TH TERRACE Address: Address: BOCA RATON, FL 33434 City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition GUERRERO, MARIANO Name: Name: 529 E SHERIDA ST. Address: Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: Title: DP (X) Delete Title: () Change () Addition WEINER, ROBERT Name: Name: Address: 21809 BANYEN WOOD RD Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JONATHAN ELFENBEIN DTP 11/19/2009