2006 FOR PROFIT CORPORATION

FILED Feb 24, 2006 8:00 am Secretary of State

ANNUAL REPURI						Secretary of State			
DOCUMENT # P05000146723 1. Entity Name TOGRAM INC.						02-24-2006 JŲ 🌬 :	90004 026 ***15	50.00	
Principal Place of Business Mailing Address					<u> </u>	,0 -			
		11881 SW 94 STREET				•			
11881 SW 94 STREET MIAMI, FL 33186		MIAMI, FL 33186							
mirani, i e o	3100	1411/4111, FE 33 100							
		•				AAIRI ABII BAIN AAIN AAI			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		⊢					
		·		02042006	Chg-P	CR2E034 (11/05)			
City & State		City & State		4. FEI Numbe		<u> </u>	oplied For		
7in Country		Zip Country			20-3	722689		t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	☐ \$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent-	istered Agent-		7. Name and	Address of New R			
*****				Name					
BRADLEY, MARGOT									
	94 STREET		Street Address		ess (P.O. Box Numbe	er is Not Acceptable	e)		
MIAMI, FL	33186								
				City			FL Zip Cod	е	
8. The above	named entity submits this statement for	L ed office or reg	gistered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept			
the obligat	ions of registered agent:							•	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	and little if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE	•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11	
TITLE	Р	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	BRADLEY, MARGOT		NAM	E	•				
STREET ADDRESS	11881 SW 94 STREET STR		STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33186		CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	:		• •	☐ Change	Addition	
NAME		, Dolote	NAM				E3 Onlings		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME		- DC:010	HAM		•		ورهان ب		
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP				-ST-ZiP					
TITLE		☐ Defete	וחוז				☐ Change	☐ Addition	
NAME		_ 0000	NAM	1					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE	<u> </u>	☐ Defete	TITLE				☐ Change		
NAME			NAM						
STREET ADDRESS				ET ADDRESS		•			
CITY-ST-ZIP				- ST-ZIP					
TITLE		□ Delete	TITLE				☐ Change	Addition	
NAME .		. Delete	- NAM		·		□1 onedige	mi younun	
STREET ADDRESS	· · · · · · · ·			ET ADDRESS	\$				
CITY-ST-ZIP				- ST-ZIP					
	Eertify that the information supplied with	this filling does not qualify to		1	ained in Chanter 119	Florida Statutes 1	further certify that the i	ntormation	
indicated	on this report or suppliemental report is	true and accurate and that	mv signal	hire shall have	the same lenal effec	t as if made under o	nath: that I am an office	or director	

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 trusted 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 like empowered.

| Chapter 607 |

TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR