

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000168240  
 1. Entity Name  
 ANTHONY TOKAN ENTERPRISES, INC.



Principal Place of Business: 4310 SHERIDAN STREET, SUITE 202, HOLLYWOOD, FL 33021  
 Mailing Address: 4310 SHERIDAN STREET, SUITE 202, HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**



08142008 No Chg-P CR2E034 (11/05)  
 4. FEI Number: 56-2548565 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BURTON, ANDRE S  
 4310 SHERIDAN STREET, SUITE 202  
 HOLLYWOOD, FL 33021

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	TOKAN, JR., ANTHONY V
STREET ADDRESS	6871 S.W. 3RD STREET
CITY- ST- ZIP	PEMBROKE PINES, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000958362  
 08/25/08-80005-025 150.00  
**DO NOT WRITE 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 like empowered.

SIGNATURE: *[Signature]* x *[Signature]* x 8/15/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #