

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026180

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: TOFFAMENT CORP

## Current Principal Place of Business:

2339 S RIDGEWOOD AVE  
EDGEWATER, FL 32141 US

## New Principal Place of Business:

2140 S RIDGEWOOD AVE  
SUITE 17  
EDGEWATER, FL 32141 US

## Current Mailing Address:

2339 S RIDGEWOOD AVE  
EDGEWATER, FL 32141 US

## New Mailing Address:

2140 S RIDGEWOOD AVE  
SUITE 17  
EDGEWATER, FL 32141 US

FEI Number: 32-0241005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOFADE, L S  
2339 S RIDGEWOOD AVE  
EDGEWATER,, FL 32141 US

## Name and Address of New Registered Agent:

TOFADE, L S  
2140 S RIDGEWOOD AVE  
SUITE 17  
EDGEWATER,, FL 32141 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:

04/27/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: TOFADE, L S  
Address: 2140 S RIDGEWOOD AVE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: VP  
Name: TOFADE, OLAPOSI J  
Address: 22 RUA GUAINAZESS CENTROL  
City-St-Zip: SAO PAULO, SP BRAZIL

Title: D  
Name: TOFADE, MOPELOA C  
Address: 195 ROBERTS ROAD  
City-St-Zip: EDGEWATER, FL 32142 US

Title: D  
Name: HISAYI, ANDREW A  
Address: 2339 S.RIDGEWOOD AVE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: D  
Name: TOFADE, MARTINS O  
Address: 2809 INDIAN PALM DR  
City-St-Zip: EDGEWATER, FL 32141 US

Title: D  
Name: FOLASADE, AGBOOLA  
Address: 1082 KINGSWOOD WAY  
City-St-Zip: PORT ORANGE, FL 32129 US

I hereby 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 all other like empowered.

SIGNATURE: L. S. TOFADE

P

04/27/2012

Electronic Signature of Signing Officer or Director

Date