


2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000007684 1. Entity Name R & M TODO GIGANTE INC.	
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FILED
 11 MAY -3 PM 12:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 6518 YUCATAN DR. ORLANDO, FL 32807-4965	Mailing Address 6518 YUCATAN DR. ORLANDO, FL 32807-4965
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2. Principal Place of Business - No P.O. Box # 6518 Yucatan	3. Mailing Address 6518 Yucatan
Suite, Apt. #, etc. Dr	Suite, Apt. #, etc. Dr

04202011 Chg-P CR2E034 (11/08)

City & State Orlando FL	City & State Orlando FL	4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32807	Country Orange	Zip 32807	Country U.S.A

6. Name and Address of Current Registered Agent PRIETO, ALEJANDRO J 2700 N. MACDILL AVE. SUITE #215 TAMPA, FL 33607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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: **4/26/2011**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2011 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESQUIVEL, MERCEDES L 6518 YUCATAN DR. ORLANDO, FL 328074965	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 800203222383 04/20/11--01005--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDIVIA, RAUL E 6518 YUCATAN DR. ORLANDO, FL 328074965	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 4/26/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #