

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000008114

FILED  
Mar 25, 2012  
Secretary of State

Entity Name: TOCSIB INC.

**Current Principal Place of Business:**

16047 COLLINS AVENUE  
2102  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

16047 COLLINS AVENUE  
2102  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

4045 SHERIDAN AVE  
322  
MIAMI BEACH, FL 33140 US

FEI Number: 99-0372765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEGROVA, IRINA  
16047 COLLINS AVENUE  
2102  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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:**

Title: DP  
Name: ALLEGROVA, IRINA  
Address: 4045 SHERIDAN AVENUE, UNIT 322  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DVP  
Name: ALLEGROVA, LALA  
Address: 4045 SHERIDAN AVENUE, UNIT 322  
City-St-Zip: MIAMI BEACH, FL 33140 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: IRINA ALLEGROVA

DP

03/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date