2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P40016

1. Entity Name

TOJÚ INVESTMENT CORP., S.A.



FILED Feb 02, 2004 08:00 AM Secretary of State

Principal Place of Business

2523 SW 19 ST. MIAMI, FL 33145 Mailing Address

DO NOT WRITE IN THIS SPACE

2523 SW 19 ST. MIAMI, FL 33145



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 98-0073082

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMAR, ROLANDO I. 2523 SW 19 ST MIAMI, FL 33145

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8	 The above named entity submits this statement 	ent for the p	urpose of ch	anging its re	egistered office or registered agent, o	or both, in the State of Florida.	. I am familiar with, and accept
	the obligations of registered agent.						

SIGNATURE

Signature, proed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be ☐ Added to Fees

U000000030646 02/04/04-80117-016 158.75

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS LAMAR, ROLANDO IZQUIERDO 2523 SW 19 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORTINA, HECTOR L. 2523 SW 19 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANALES, MAFIANO CALLE RUIZ #10 2DO I MADRID, SPAIN, 28004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-8598524