


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P40016 1. Entity Name TOJU INVESTMENT CORP., S.A.	
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Principal Place of Business 2523 SW 19 ST. MIAMI, FL 33145	Mailing Address 2523 SW 19 ST. MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0073082	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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
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01/09/08-80033-005 158.75

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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: Hector L. Cochia 1/4/08 305-8598524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #