2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 03, 2005 08:00 AM Secretary of State DOCUMENT # P94000039051 1. Entity Name TORTOLA, INC. Principal Place of Business Mailing Address 1892 DEL ROBLES DRIVE 1892 DEL ROBLES DRIVE CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 98-0140459 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STETSENKO, SERGEI Street Address (P.O. Box Number is Not Acceptable) 1892 DEL RÓBLES DRIVE CLEARWATER FL 34624 Zip Code 5. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. /<mark>/0</mark>0000212065 □ change 02/03/05-80014-017 150.00 TITLE TITI E ☐ Delete ISSAI, VALERI NAM NAME STREET ADDRESS 3 TROSTYANETSKAYA ST., APT. 561 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KIEV, UKRAINE PTD 🔲 Additlon DILE ☐ Delete TITLE ☐ Change NAME KIRILIUOK, VICTOR NAME STREET ADDRESS 14/1 RUSANOVSKAYA NAB., APT. 11 STREET ADDRESS CITY-ST-ZIP KIEV, UKRAINE CITY - ST - ZIP Delete DILE THEF Change ☐ Addition NAME STETSENKO, SERGEI NAME STREET ADDRESS STREEL ADDRESS 1892 DEL ROBLES DRIVE CHY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Change Addition TITLE ☐ Defete unr NAME NAME STREET ADDRESS DIRECT ADDRESS. CiTY - ST - ZiP CITY-SE-ZIE Delete TITLE Change Addition | THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST-ZIP 12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), 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 received 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 of the an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page Deviron Proper 4