

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 025 ***150.00

DOCUMENT # P94000059513

1. Entity Name

TOKES ORGANIZATION, INC.



Principal Place of Business

18800 N. W. 2ND AVE.
SUITE 219B
MIAMI BEACH FL 33169
US

Mailing Address

18800 N. W. 2ND AVE.
SUITE 219B
MIAMI BEACH FL 33169
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **65-0525465**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ONYIORAH, NWOKOYE A
255 NE 148 STREET
N MIAMI FL 33161

Name **ONYIORAH NWOKOYE A.**
Street Address (P.O. Box Number is Not Acceptable)

16527 N.W. 47 AVE

City **MIAMI GARDENS**

FL

Zip Code **33054**

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

[Signature] NWOKOYE ONYIORAH, P.

3/4/08

Signature typed or printed name of registered agent and date of filing.

(NOTE: Registered Agent signature required when reconstituting)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **ONYIORAH, NWOKOYE AKOBI**
STREET ADDRESS **255 N.E. 148 ST.**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
NAME **ONYIORAH NWOKOYE A**
STREET ADDRESS **16527 N.W. 47 AVE**
CITY-ST-ZIP **MIAMI GARDENS, FL 33054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] NWOKOYE ONYIORAH, P.

Date

3/4/08

Daytime Phone