


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED****May 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000001909</b>		
1. Entity Name <b>TOOL MASTER, INC.</b>		
Principal Place of Business <b>940 EAST 34TH STREET HIALEAH, FL 33013</b>	Mailing Address <b>940 EAST 34TH STREET HIALEAH, FL 33013</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ESCOBEDO, OSCAR 940 EAST 34TH STREET HIALEAH, FL 33013</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<p>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.</p> <p>SIGNATURE _____  <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when relating)</small> </p>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PSTD ESCOBEDO, OSCAR 940 EAST 34TH ST. HIALEAH, FL 33013</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
<p>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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</p> <p><b>SIGNATURE:</b> <i>X Oscar Escobedo</i> <b>4/29/05</b></p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small></span></p>		



04262005 No Chg-P CR2E034 (10/03)

4. FEJ Number <b>65-D546543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

 1100000350950  
 05/04/05-80054-021 150.00
**DO NOT WRITE  
IN THIS SPACE**