

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

02-04-2008 90061 017 ***150.00

DOCUMENT # P95000028569			
1. Entity Name TOBERLA CORPORATION			
Principal Place of Business 18701 NW 88 COURT MIAMI, FL 33015		Mailing Address 18701 NW 88 COURT MIAMI, FL 33015	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RONTON, SERGIO A 1013 SW 67TH AVE MIAMI LAKES, FL 33014 <i>PAUL KAPROWSKI</i> <i>10031 Pines Blvd #224</i> <i>Pembroke Pines, FL 33024</i>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>PAUL KAPROWSKI</i>		DATE <i>4/7/08</i>	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P RIVERON, ALBERTO R 18701 NW 88 COURT MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP RIVERON, MAGALY 18701 NW 88 COURT MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <i>Magaly Riveron</i>		Date <i>2/1/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66006674



01312008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0655341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

(NOTE: Registered Agent's signature required when renewing)