

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90018 011 ***150.00

DOCUMENT # P95000068615

1. Entity Name

TOMERIV INC.



Principal Place of Business

10560 SW 108 TERRACE
MIAMI FL 33176
US

Mailing Address

10560 SW 108 TERRACE
MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0637077

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

SOSA, TOMAS
10560 SW 108 TERRACE
MIAMI FL 33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SOSA, TOMAS
STREET ADDRESS 10911 SOUTHWEST 112 AVENUE #207B
CITY-ST-ZIP MIAMI FL 33176

TITLE President ☐ Change ☒ Addition
NAME Alfredo Sosa
STREET ADDRESS 11190 SW 107 ST #109
CITY-ST-ZIP Miami FL 33176

TITLE VP ☒ Delete
NAME SOSA, MERCEDES
STREET ADDRESS 10911 SOUTHWEST 112 AVENUE #207B
CITY-ST-ZIP MIAMI FL 33176

TITLE Vice President ☐ Change ☒ Addition
NAME Tomas Sosa
STREET ADDRESS 10911 SW 112 ave #207B
CITY-ST-ZIP Miami FL 33176

TITLE ST ☐ Delete
NAME BLANCO, IVON
STREET ADDRESS 10560 SW 108 TERRACE
CITY-ST-ZIP MIAMI FL 33176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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]*

Vice President

02/16/06

(305) 595-7955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #