


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000068753
 1. Entity Name
 TOTS CORP.



Principal Place of Business Mailing Address
 RAQUEL KLUCHNIK PO BOX 223592
 12950 S.W. 7TH CT., APT.212A HOLLYWOOD, FL 33022-3592 US
 PEMBROKE PINES, FL 33027-1780 US

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02022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0675625 Not Applicable

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

6. Name and Address of Current Registered Agent
 RAQUEL KLUCHNIK
 12950 S.W. 7TH CT., 212A
 PEMBROKE PINES, FL 33027-7780

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6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000422640
 02/17/06-31022-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	ALTER, ESTHER
STREET ADDRESS	3500 MYSTIC POINTE DR, APT 1902
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VST
NAME	ALTER, ALEJANDRO
STREET ADDRESS	3500 MYSTIC POINTE DR, APT 1902
CITY-ST-ZIP	AVENTURA, FL 331802582
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Raquel Kluchnik 2/3/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR