


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000068753 1. Entity Name TOTS CORP.	
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Principal Place of Business RAQUEL KLUCHNIK 12950 S.W. 7TH CT., APT.212A PEMBROKE PINES, FL 33027-1780 US	Mailing Address PO BOX 223592 HOLLYWOOD, FL 33022-3592 US
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0675625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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

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IN THIS SPACE**

000000664895
03/22/07-80058-009 150.00

000000660099
03/16/07-20039-009 150.00

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 Date: 3/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR