

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000083190

1. Entity Name
TOBIAS DESIGN, INC.



Principal Place of Business
**2239 SW 59 TERR
HOLLYWOOD, FL 33023 US**

Mailing Address
**8655 SW 57 PL
COOPER CITY, FL 33328 US**

FILED
Mar 13, 2006 08:00 AM
Secretary of State



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0619244

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AVRAHAM, BEN-JOSEPH
8655 S.W 57 P1
COOPER CITY, FL 33328**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
BEN-JOSEPH, AVRAHAM
8655 SW 57 PLACE
COOPER CITY, FL**

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

000000464387
03/21/06-R0113-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

9548163453

Daytime Phone #