2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011981

Address:

City-St-Zip:

177 OCEAN LANE DRIVE

KEY BISCAYNE, FL 33149

FILED Apr 29, 2008 Secretary of State

Entity Name: TONA CORPORATION					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	N LANE DRIVE YNE, FL 3314				
Current Ma	ailing Address	:	New Mailing Addr	New Mailing Address:	
520 BRICKELL KEY DRIVE OFFICE SUITE 305 MIAMI, FL 33131				520 BRICKELL KEY DRIVE OFFICE SUITE 301 MIAMI, FL 33131	
FEI Number:	65-0647641	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	DBAL CORP. A ELL KEY DRIVI 33131 US	DMIN. LLC E, SUITE 0-305		CORPORATE MAINTENANCE SERVICES, LLC 520 BRICKELL KEY DRIVE, SUITE 0-301 MIAMI, FL 33131 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: MARCO E. ROJAS				04/29/2008	
	Electronic	Signature of Registered Agen	t	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LOBO-GUERREF	Delete RO, MARIA ISABEL N E DRIVE, APT 207 FL 33149	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV ()[NAVIA, XIMENA 177 OCEAN LN [KEY BISCAYNE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DV ()[Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARIA ISABEL N. LOBO-GUERRERO DP 04/29/2008