

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011981

Entity Name: TONA CORPORATION

FILED  
Mar 30, 2009  
Secretary of State

**Current Principal Place of Business:**

177 OCEAN LANE DRIVE, APT 207  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

520 BRICKELL KEY DRIVE  
OFFICE SUITE 301  
MIAMI, FL 33131

**New Mailing Address:**

1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131

FEI Number: 65-0647641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE MAINTENANCE SERVICES, LLC  
520 BRICKELL KEY DRIVE, SUITE 0-301  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131 US

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.

SIGNATURE: \_\_\_\_\_

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LOBO-GUERRERO, MARIA ISABEL N  
Address: 177 OCEAN LANE DRIVE, APT 207  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DV ( ) Delete  
Name: NAVIA, XIMENA  
Address: 177 OCEAN LN DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DV (X) Delete  
Name: NAVIA, XIMENA  
Address: 177 OCEAN LANE DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: NAVIA, XIMENA  
Address: 177 OCEAN LN DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARIA ISABEL N. LOBO-GUERRERO

DP

03/30/2009

Electronic Signature of Signing Officer or Director

Date