

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90185 028 ***150.00

DOCUMENT # P96000011981
1. Entity Name
TONA CORPORATION



Principal Place of Business
**177 OCEAN LANE DRIVE, APT 207
KEY BISCAYNE FL 33149**

Mailing Address
**177 OCEAN LANE DRIVE, APT 207
KEY BISCAYNE FL 33149**

11010061



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
**520 Brickell Key Drive
Office suite 305**
Suite, Apt. #, etc.
City & State
Miami, FL

CHECK HERE IF MAKING CHANGES

Zip Country
33131 U.S.A

4. FEI Number **65-0647641** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ROJAS, MARCO E
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOBO-GUERRERO, MARIA ISABEL N	
STREET ADDRESS	177 OCEAN LANE DRIVE, APT 207	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROJAS, MARCO E	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Isabel Lobo-guerrero,	
STREET ADDRESS	Director, President	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ximena Alguia, Director,	
STREET ADDRESS	Vice-president	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OF MARCO E. ROJAS 2/21/03 (305) 374-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)