## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P97000057629 1. Entity Name 04-26-2004 90428 037 \*\*\*150.00 TOYOAR, INC. Principal Place of Business Mailing Address 17868 S. DIXIE HWY MIAMI FL 33157 17868 S. DIXIE HWY **MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0764145 Not Applicable \$8.75 Additional Zip Country Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AUDINO, JORGE A Street Address (P.O. Box Number is Not Acceptable) 17866 S. DIXIE HWY MIAMĪ FL 33157 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTD Change ☐ Addition TITLE ☐ Delete TITLE NAME AUDINO, JORGE A NAME 9805 S.W. 222ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP ☐ Addition VD ☐ Delete TITLE ☐ Change TITLE NAME AUDINO, A J. NAME 9805 S.W. 222ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change Addition ☐ Delete TITLE NAME AUDINO, A J STREET ADDRESS 9805 S.W. 222ND TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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

FILED

**SIGNATURE** RINTED NAME OF SIGNING OFFICER OR DIRECTOR

ith all other like empowered

changed, or on an attachme