2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P98000000622 1. Entity Name 04-26-2004 91024 023 ***150.00 TOTO SIGNS, INC. Mailing Address Principal Place of Business C/O MARK I INGBER, C.P.A. 2511 NW 10TH TERRACE 3071 NORTHWEST 107TH AVENUE POMPANO BEACH, FL 33064 CORAL SPRINGS, FL 33065-3626 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 65-0803950 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOTO JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2511 NW 10TH TERRACE POMPANO BEACH, FL 33064 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITI F ☐ Change Addition TITLE TOTO, CECILIA NAME NAME 2511 NW 10TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP PV TITLE ☐ Delete TITLE Change ☐ Addition TOTO, JOSEPH NAME NAME STREET ADDRESS 2511 NE 10TH TERRACE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1050 ph Toto

FILED