2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000000622

1. Entity Name TOTO SIGNS, INC.



FILED Apr 13, 2007 08:00 A Secretary of State

Principal Place of Business

2511 NW 10TH TERRACE POMPANO BEACH, FL 33064 Mailing Address

C/O MARK I INGBER, C.P.A., P.A. 10100 WEST SAMPLE ROAD #326 CORAL SPRINGS, FL 33065-3973



DO NOT WRITE IN THIS SPACE

04072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sample See Required Fee Required

6. Name and Address of Current Registered Agent

TOTO, JOSEPH 2511 NW 10TH TERRACE POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	od office or registered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and tale	applicable. (NOTE: Registered	3 Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOTO, CECILIA 2511 NW 10TH TERRACE POMPANO BEACH, FL 33064			
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PV TOTO, JOSEPH 2511 NE 10TH TERRACE POMPANO BEACH, FL 33064			and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				J100000703960
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		000000703860 04/20/07-80157-012 150.00
12. I hereby of	certify that the information supplied with this fill	ing does not qualify for the exe	imptions contained in Chapter 119	Florida Statutes, I further certify that the information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 affactment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR

4/10/07

954-510-0109

Daylime Phone #