2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

ANNUAL KEPUKI				· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Secretary or State			
DOCUMENT # P9800000622 1. Entity Name TOTO SIGNS, INC.					05-01-2008	90231 016 ***15	50.00	
Principal Place of Business 2511 NW 10TH TERRACE POMPANO BEACH, FL 33064		Mailing Address - C/D-MARK-I-INGBER-C-P-A., P-A10100-WEST SAMPLE ROAD -#326						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2511 NE 10 TEMPACE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-P	CR2E034 (12/06)		
City & State		POMPANO BEACH FL		4. FEI Number 65-0803!	950		plied For t Applicable	
Zip	Country	3306A	Country USA	5. Certificate of	Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	N	7. Name and A	ddress of New Re	egistered Agent		
TOTO JOSEPH				Name				
TOTO, JOSEPH 2511 NW 10TH TERRACE POMPANO BEACH, FL 33064			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
1			1					
		City	FL Zip Code					
8. The above the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.		gistered office or regis		in the State of Flo	rida. I am familiar with,	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		5.00 May Be dded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOTO, CECILIA 2511 NW 10TH TERRACE POMPANO BEACH, FL 33064	☐ Đelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV TOTO, JOSEPH 2511 NE 10TH TERRACE POMPANO BEACH, FL 33064	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition	
12. I hereby	certify that the information supplied with	h this filing does not qualify for the true and accurate and that my	the exemptions contain signature shall have the	ned in Chapter 119, he same legal effect	Florida Statutes, I as if made under r	further certify that the in path; that I am an officer	ntormation or director	

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes: 1 further certary 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 cath; that I am an officer or director of the corporation of 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 AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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154-510-010g