

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000021892**

1. Entity Name  
**TOCODRIAN, INC.**



Principal Place of Business  
**2771 EAST ATLANTIC BLVD.  
POMPANO BEACH, FL 33062**

Mailing Address  
**2771 EAST ATLANTIC BLVD.  
POMPANO BEACH, FL 33062**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0820916**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SINDACO, ERIKA  
5001 NW 64TH DRIVE  
CORAL SPRINGS, FL 33067**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
SINDACO, ERIKA  
5001 NW 64TH DRIVE  
CORAL SPRINGS, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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U000000158009  
05/07/04-80004-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Erika Sindaco  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 954748-3699  
Date Daytime Phone #