

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000034186

1. Entity Name
TOLEDO SQUARE INC.



Principal Place of Business
**12558 BACCHUS ROAD
 PORT CHARLOTTE, FL 33981**

Mailing Address
**12558 BACCHUS ROAD
 PORT CHARLOTTE, FL 33981**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0708308** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CANNATA, CORRADO
 12558 BACCHUS ROAD
 PORT CHARLOTTE, FL 33981**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

000000822312
 02/19/08-90062-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CANNATA, CORRADO
STREET ADDRESS	12558 BACCHUS RD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	VP
NAME	CANNATA, GIOVANNA
STREET ADDRESS	12558 BACCITUS RD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	S
NAME	MITSNINIS, MARY
STREET ADDRESS	44 EASTWOOD CRES
CITY-ST-ZIP	MARKHAM, ONT, l3b527
TITLE	TR
NAME	POPONIC, JOSEPHINE M
STREET ADDRESS	39 HADDINETON AVE
CITY-ST-ZIP	TORONTO, ONT, m5m2n8
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: _____

C Cannata
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #