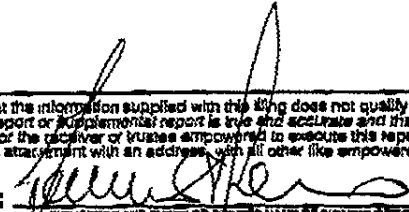


Apr 22, 2004 08:00 AM  
Secretary of State

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000038554</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                |  |
| 1. Entity Name<br><b>TOBIA CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                                                                                                                 |  |
| Principal Place of Business<br><b>834 OCEAN DR., APT. 402<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | Mailing Address<br><b>C/O KAUFMAN, ROSSIN &amp; CO<br/>2899 S BAYSHORE DRIVE, SUITE 400<br/>MIAMI, FL 33133</b> |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | 01122004 No Chg-P CR2E084 (10/03)                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 4. FEI Number<br><b>85-0914081</b>                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | Applied For<br>(Not Applicable)                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 5. Certificate of Status Desired <input type="checkbox"/> \$5.75 Additional Fee Required                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHNSON, ETHAN<br/>200 S. BISCAYNE BLVD.,<br/>E300 FIRST UNION FINANCIAL CENTER<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | <b>DO NOT WRITE IN THIS SPACE</b>                                                                               |  |
| 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 _____ DATE _____<br><small>Signature, typed or print of name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$100.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | <b>DO NOT WRITE IN THIS SPACE</b><br><br>U000000124723<br>04/22/04-80056-003 150.00                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b>                       |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ZANINI, STEFANO</b>         |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>834 OCEAN DR., APT. 402</b> |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI BEACH, FL 33139</b>   |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, 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. |                                |                                                                                                                 |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | Date _____                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | Date _____                                                                                                      |  |