

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 018 ***150.00

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1. Entity Name

DE TORO TECHNOLOGIES, INC.



Principal Place of Business

**5446 SW 8TH ST
 CORAL GABLES FL 33134
 US**

Mailing Address

**5446 SW 8TH ST
 CORAL GABLES FL 33134
 US**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0943781

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE TORO, LORENZO III
 5446 SW 8TH ST
 CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
 Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

1/30/06
 DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
 NAME: **DE TORO, LORENZO III**
 STREET ADDRESS: **5446 SW 8TH ST**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: Change Addition
 NAME: **5446 SW 8th St.**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORENZO DE TORO III

1/30/06
 Date

305.446.0202
 Daytime Phone #