

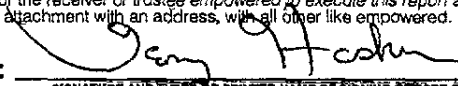


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000082513 1. Entity Name TOJO VENTURES INC.		
Principal Place of Business 2440 W. 80TH ST. #1 HIALEAH, FL 33016	Mailing Address 2440 W. 80TH ST. #1 HIALEAH, FL 33016	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent HASKINS, TERRY 15271 N.W. 60TH AVENUE SUITE 103 MIAMI LAKES, FL 33014		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PTD	 03312005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0949430 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
NAME	HASKINS, TERRY	
STREET ADDRESS	6708 CROOKED PALM TERRACE	
CITY - ST - ZIP	MIAMI LAKES, FL 33014	
TITLE	VSD	
NAME	HASKINS, JOHN	
STREET ADDRESS	6708 CROOKED PALM TERRACE	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	MIAMI LAKES, FL 33014	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
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)(f), 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:  <div style="float: right; text-align: right;"> 3/31/05 305823-8221 <small>Date Daytime Phone #</small> </div>		