

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G45129

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** TORRES INSURANCE AGENCY INC.

**Current Principal Place of Business:**

6135 NW 167 STREET  
E25  
MIAMI LAKES, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

14814 NW 87 PLACE  
MIAMI LAKES, FL 33018 US

**New Mailing Address:**

FEI Number: 59-2298868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TORRES, OCTAVIO N  
14814 NW 87 PLACE  
MIAMI LAKES, FL 33018 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TORRES, OCTAVIO N  
Address: 14814 NW 87 PL  
City-St-Zip: MIAMI, FL 33018

Title: SD  
Name: TORRES, ANA V  
Address: 14814 NW 87TH PLACE  
City-St-Zip: MIAMI LAKES, FL 33018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANA V TORRES

SD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date