

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141562

**FILED**  
**Mar 17, 2005**  
**Secretary of State**

**Entity Name:** TORRES HANDYMAN CORPORATION

**Current Principal Place of Business:**

903 SOUTHWEST BAY STATE RD.  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

903 SOUTHWEST BAY STATE RD.  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: TORRES, HERALDO  
Address: 903 SOUTHWEST BAY STATE RD.  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: TORRES, HERALDO A  
Address: 903 SOUTHWEST BAY STATE RD.  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERALDO A. TORRES

OWNE

03/17/2005

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

\_\_\_\_\_ Date