

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 587928

FILED  
Apr 09, 2003  
Secretary of State

Entity Name: TORFINO ENTERPRISES, INC.

## Current Principal Place of Business:

3500 FAIRLANE FARMS RD  
3  
W PALM BCH, FL 33414 US

## Current Mailing Address:

3500 FAIRLANE FARMS RD  
3  
W PALM BCH, FL 33414 US

FEI Number: 59-1882342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DETORFINO, NICHOLAS  
11745 OTTER RUN  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

3500 FAIRLANE FARMS RD  
STE #3  
W PALM BCH, FL 33414 US

## New Mailing Address:

3500 FAIRLANE FARMS RD  
STE #3  
W PALM BCH, FL 33414 US

## Name and Address of New Registered Agent:

DETORFINO, NICHOLAS R  
11745 OTTER RUN  
LAKE WORTH, FL 33467 US

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: NICHOLAS R. DETORFINO

04/09/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PV ( ) Delete  
Name: DETORFINO, NICHOLAS, R  
Address: 11745 OTTER RUN  
City-St-Zip: LAKE WORTH, FL

Title: STD ( ) Delete  
Name: DETORFINO, LISE H,  
Address: 11745 OTTER RUN  
City-St-Zip: LAKE WORTH, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: DETORFINO, NICHOLAS R  
Address: 11745 OTTER RUN  
City-St-Zip: LAKE WORTH, FL 33467

Title: PTD (X) Change ( ) Addition  
Name: DETORFINO, LISE P  
Address: 11745 OTTER RUN  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Change (X) Addition  
Name: PELLETIER, YOLANDE  
Address: 1035 N.W. TUSCANY DR.  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: LISE P. DETORFINO

PTD

04/09/2003

Electronic Signature of Signing Officer or Director

Date