

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001939

**Entity Name:** TORRE FUERTE INC.

**Current Principal Place of Business:**

137 NORTH KROME AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

137 NORTH KROME AVE  
HOMESTEAD, FL 33030 US

**FEI Number:** 83-3757575

**Certificate of Status Desired:** No

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

DR. J. ISRAEL MONTEALEGRE  
2863 SW 69 COURT  
MIAMI, FL 33155 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CP  
Name SOLIS, IGOR  
Address 137 NORTH KROME AVE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name GOMEZ, AXEL  
Address 137 NORTH KROME AVE  
City-State-Zip: HOMESTEAD FL 33030

Title DT  
Name ELIZONDO, MARIA T  
Address 137 NORTH KROME AVE  
City-State-Zip: HOMESTEAD FL 33030

Title DS  
Name SOLIS, FIORDALISA  
Address 137 NORTH KROME AVE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name RODRIGUEZ, JOSE  
Address 137 NORTH KROME AVE  
City-State-Zip: HOMESTEAD FL 33030

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IGOR SOLIS

CP

04/27/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date