

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 587928

**Entity Name:** TORFINO ENTERPRISES, INC.

**Current Principal Place of Business:**

1202 NEW GRISSOM WAY  
WAKE FOREST, NC 27587

**Current Mailing Address:**

12520 CAPITAL BLVD.  
STE #401-112  
WAKE FOREST, NC 27587 US

**FEI Number:** 59-1882342

**Certificate of Status Desired:** Yes

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

DETORFINO, NICHOLAS R  
1617 BAYRIDGE PLACE  
WELLINGTON, FL 33414 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 VD  
Name DETORFINO, NICHOLAS R  
Address 12520 CAPITAL BLVD.  
STE #401-112  
City-State-Zip: WAKE FOREST NC 27587

Title PTD  
Name DETORFINO, LISE P  
Address 12520 CAPITAL BLVD.  
STE #401-112  
City-State-Zip: WAKE FOREST NC 27587

Title SD  
Name COSGROVE, DANIELLE L  
Address 12520 CAPITAL BLVD.  
STE #401-112  
City-State-Zip: WAKE FOREST NC 27587

*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:** LISE DETORFINO

**PRESIDENT**

**03/30/2017**

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

\_\_\_\_\_  
Date