

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G45129

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

**Current Principal Place of Business:**

6135 NW 167 STREET  
E25  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

14814 NW 87 PLACE  
MIAMI LAKES, FL 33018 US

**FEI Number:** 59-2298868

**Certificate of Status Desired:** Yes

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

TORRES, OCTAVIO N  
14814 NW 87 PLACE  
MIAMI LAKES, FL 33018 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	PD	Title	SD
Name	TORRES, OCTAVIO N	Name	TORRES, ANA V
Address	14814 NW 87 PL	Address	14814 NW 87TH PLACE
City-State-Zip:	MIAMI FL 33018	City-State-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

**SECRETARY**

**02/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date