

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000006961

**Entity Name:** TORICES CORP.

**Current Principal Place of Business:**

2131 HOLLYWOOD BLVD.  
SUITE 508  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2131 HOLLYWOOD BLVD.  
SUITE 508  
HOLLYWOOD, FL 33020

**FEI Number:** 65-1083957

**Certificate of Status Desired:** No

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

OCHOA, CARLOS  
2131 HOLLYWOOD BLVD.  
SUITE 508  
HOLLYWOOD, FL 33028 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 D  
Name OCHOA, CARLOS  
Address 2131 HOLLYWOOD BLVD. SUITE 508  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name OCHOA, ANIBAL H  
Address 2131 HOLLYWOOD BLVD. SUITE 508  
City-State-Zip: HOLLYWOOD FL 33028

Title D  
Name OCHOA, CECILLIA C  
Address 2131 HOLLYWOOD BLVD. SUITE 508  
City-State-Zip: HOLLYWOOD FL 33020

*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:** CARLOS H. OCHOA

D

04/28/2014

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

\_\_\_\_\_  
Date