2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000276

1. Entity Name
EL TOREO INC.

Principal Place of Business	Mailing Address
1713 GRONTO RD VALDOSTA, GA 31602	1713 GRONTO RD VALDOSTA, GA 31602

01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1804105
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUIROZ, ALFREDO
3510 S.W. 36TH
OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUIROZ, ALFREDO
STREET ADDRESS	3510 S.W. 36TH AVE.
CITY-ST-ZIP	OCALA, FL
TITLE	V
NAME	QUIROZ, JOSE L
STREET ADDRESS	5816 NE 72ND ST
CITY-ST-ZIP	SILVER SPRINGS, FL
TITLE	S
NAME	QUIROZ, ANTOLIN
STREET ADDRESS	2517 BUENA VISTA CIR
CITY-ST-ZIP	VALDOSTA, GA
TITLE	T
NAME	QUIROZ, JUAN M
STREET ADDRESS	3240 SW 34TH ST APT 301
CITY-ST-ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000219231
02/08/04-80001-[illegible] 150.00

U00000219149
02/08/05-80016-010 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ _____ 01/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #