

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90034 024 \*\*\*150.00

**DOCUMENT # F02000000276**

1. Entity Name  
EL TOREO INC.



Principal Place of Business

1713 GRANT RD 3510 S.W. 36TH  
VALDOSTA, GA 31602 Ocala, FL  
34474

Mailing Address

1713 GRANT RD 3510 S.W. 36TH  
VALDOSTA, GA 31602 Ocala, FL  
34474

40052130



03042008 No Chg-P CR2E034 (11/05)

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
QUIROZ, ALFREDO  
3510 S.W. 36TH AVE.  
OCALA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
QUIROZ, JOSE L  
5816 NE 72ND ST  
SILVER SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
QUIROZ, ANTOLIN  
2517 BUENA VISTA CIR  
VALDOSTA, GA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
QUIROZ, JUAN M  
3240 SW 34TH ST APT 301  
OCALA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Alfredo Quiroz  
Alfredo Quiroz 1227 259-0844  
Date Daytime Phone #