2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000000276

QUIROZ, JUÀN M

OCALA, FL

3240 SW 34TH ST APT 301

Name:

Address:

City-St-Zip:

Entity Name: EL TOREO INC.

FILED Oct 21, 2009 Secretary of State

_ y	e. LE TORE	20 11 40.			
Current Principal Place of Business:			New Principal Place of Business:		
3510 SW (OCALA, F					
Current Mailing Address:			New Mailing Address:		
3510 SW (OCALA, F					
FEI Number	: 58-1804105	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
QUIROZ, 7 3510 S.W. OCALA, F	. 36TH	5			
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: ALFRED	O QUIROZ			
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (QUIROZ, ALFF 3510 S.W. 361 OCALA, FL		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (QUIROZ, JOSE 5816 NE 72ND SILVER SPRIN	ST	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (QUIROZ, ANTO 2517 BUENA V VALDOSTA, G	ISTA CIR	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	т () Delete	Title: (() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALFREDO QUIROZ P 10/21/2009