


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90061 020 ***150.00

DOCUMENT # F07000001291	
1. Entity Name TORTI REALTY, INC.	

Principal Place of Business 721 CENTRAL AVE JOHNSTON RI 02919	Mailing Address 721 CENTRAL AVE JOHNSTON RI 02919
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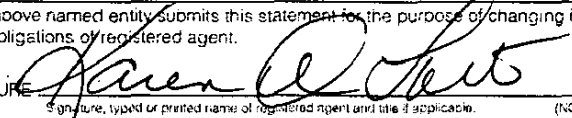


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 4/25/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVP TORTI, KAREN A 721 CENTRAL AVE JOHNSTON RI 02919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORTI, KAREN A 721 CENTRAL AVE JOHNSTON RI 02919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	DATE: 4/25/08	DAYTIME PHONE: 401-487-2577
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ATTACHMENT

40110981

#F07000001291

7/10/08

To whom it may concern,
on 4/25/08 I mailed my
annual Report along w/
CR #2856 for \$150.00. I recently
received of notice to
dissolve which I included.
I am not sure why you
did not receive my original
Report and Check.

I checked with my bank
and #2856 was never cashed.

I am forwarding you a
→

ATTACHMENT

40110981
FO7000001291

copy of the original Annual
Report that I kept for
my records. I have
also included a new
check for \$150.00 along
w/ the notice to Dissolve
that I received last week.
If you have any question,
please contact me at

401-487-2571.

Sam Q. Laro