

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90040 038 ***150.00

DOCUMENT # F65769	
1. Entity Name TORCA, INC.	

Principal Place of Business 685 S. RONALD REAGAN BLVD., Suite 100 LONGWOOD, FL 32750	Mailing Address 685 S. RONALD REAGAN BLVD., Suite 100 LONGWOOD, FL 32750
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite 100	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02062008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DE TORO, DORA CASANOVA 685 S. RONALD REAGAN BLVD., Suite 100 LONGWOOD, FL 32750	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 100 City FL 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

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE TORO, DORA CASANOVA 509 GUMWOOD CT ALTAMONTE SPGS, FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u>Dora Casanova de Toro</u>	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	