


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # G41421 1. Entity Name LATORRE'S BRAKE SHOP, INC. |  |
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|---|---|
| Principal Place of Business 1440 FORMOSA AVE. WINTER PARK, FL 32789 | Mailing Address 1440 FORMOSA AVE. WINTER PARK, FL 32789 |
|---|---|

DO NOT WRITE IN THIS SPACE

08092005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2295566 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LATORRE, RICHARD
1440 FORMOSA AVE
ORLANDO, FL 32789**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|

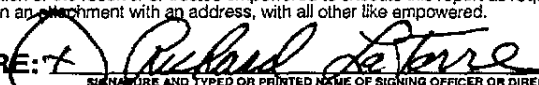
10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP LATORRE, RICHARD 5595 HANSEL AVE. ORLANDO, FL 00000, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LATORRE, JOYCE R. 5595 HANSEL AVE. ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LATORRE, KEITH 1440 FORMOSA AVE. WINTER PARK, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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09/07/05-80017-005 150.00

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:  **Richard Latorre**

8/31/05 407.644.1777

Date Daytime Phone #