

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92136

Entity Name: TORIA CORP.

FILED  
Apr 19, 2005  
Secretary of State

**Current Principal Place of Business:**

P O BOX 70834  
OAKLAND PARK, FL 333077834

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 70834  
OAKLAND PARK, FL 333077834

**New Mailing Address:**

FEI Number: 59-2639421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WETHERINGTON, GLORIA A.  
3320 NE 18 TERRACE  
OAKLAND PARK, FL 33306 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WETHERINGTON, GLORIA, A.  
Address: 3320 N.E. 18 TERRACE  
City-St-Zip: OAKLAND PARK, FL

Title: STD ( ) Delete  
Name: MCCORMICK, TONI  
Address: 5551 NE 33 AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GLORIA WETHERINGTON

P

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date