



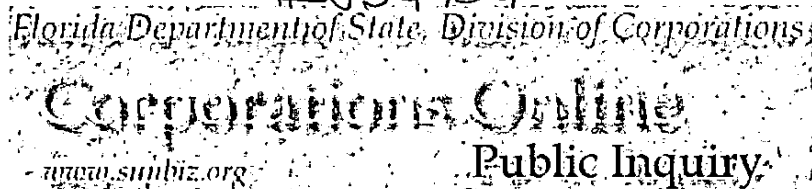
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90128 048 \*\*\*150.00

<b>DOCUMENT # J54954</b> 1. Entity Name ERNESTO I. TORRES, D.M.D., P.A.					
Principal Place of Business % ERNESTO I. TORRES 4625 RIVERS EDGE VILLAGE #5402 PORT INLET, FL 32127 US			Mailing Address % ERNESTO I. TORRES 4625 RIVERS EDGE VILLAGE #5402 PORT INLET, FL 32127 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State Ponce Inlet FL 32127		City & State Ponce Inlet FL 32127		4. FEI Number 59-2797995	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TORRES, ERNESTO I. 4625 RIVERS EDGE VILLAGE LANE UNIT 5402 PACE, FL 32127				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City Ponce Inlet FL Zip Code 32127	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS TORRES, ERNESTO I. 4625 RIVERS EDGE VILLAGE LN. UNIT 5402 PORT INLET, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ponce Inlet FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

#J54954



## Florida Profit

ERNESTO I. TORRES, D.M.D., P.A.

## PRINCIPAL ADDRESS

% ERNESTO I. TORRES  
4625 RIVERS EDGE VILLAGE #5402  
PORT INLET FL 32127 US  
Changed 01/29/2004

## MAILING ADDRESS

% ERNESTO I. TORRES  
4625 RIVERS EDGE VILLAGE #5402  
PORT INLET FL 32127 US  
Changed 01/29/2004

Document Number  
J54954

FEI Number  
592797995

Date Filed  
02/03/1987

State  
FL

Status  
ACTIVE

Effective Date  
NONE

## Registered Agent

Name & Address
TORRES, ERNESTO I. 4625 RIVERS EDGE VILLAGE LANE UNIT 5402 PACE FL 32127
Address Changed: 07/18/2005

## Officer/Director Detail

Name & Address	Title
TORRES, ERNESTO I. 4625 RIVERS EDGE VILLAGE LN. UNIT 5402 PORT INLET FL 32127	PVS

ATTACHMENT

40033627

#554954

## Annual Reports

Report Year	Filed Date
2003	04/02/2003
2004	01/29/2004
2005	07/18/2005

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No Events

No Name History Information

## Document Images

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