

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                              |                                                       |                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # K92785</b><br>1. Entity Name<br><b>TORA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                              |                                                       |                                     |  |
| Principal Place of Business<br><b>4137 N.W. 135 ST<br/>MIAMI FL 33054<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                              |                                                       | Mailing Address<br><b>4137 N.W. 135 ST<br/>MIAMI FL 33054<br/>US</b>                                                  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |                                                       | <br><br>1st MOORE CR2E034 (10/05)  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | City & State                                                 |                                                       |                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                       | Zip                                                          | Country                                               |                                                                                                                       |  |
| 4. FEI Number <b>65-0166807</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                              |                                                       |                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                              |                                                       | Applied For<br>Not Applied                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RAFFA, RAFFAEL<br/>4137 N.W. 135 ST<br/>MIAMI FL 33054</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                                                              |                                                       | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 re-instating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                              |                                                       |                                                                                                                       |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                              |                                                       |                                                                                                                       |  |
| 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Added to Fee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |                                                              |                                                       |                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>RAFFA, RAFFAEL<br>4155 NW 135TH STREET #4137<br>MIAMI FL | <input type="checkbox"/> Delete                              |                                                       |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                       |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                       |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                       |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                       |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                       |                                                                                                                       |  |
| 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 my address, with all other like empowered |                                                               |                                                              |                                                       |                                                                                                                       |  |
| SIGNATURE: <b>RAFFAELE A. RAFFA</b> <b>3/1/06</b> <b>305 992-31</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                              |                                                       |                                                                                                                       |  |