CR2Fn34 (4/03)

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000068177 DOCUMENT # 1. Entity Name TORSE CONSTRUCTION, INC. 03 OCT -6 PM 2:53 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA - 15000 SW 3 STREET 15089 SW 9-STREET -PEMBROKE PINES FL 33027-1154 PEMBROKE PINES FL 33027-1154 2. Principal Place of Business 19080 SW 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State MIRAMAN State IN A-M AR 4. FEI Number 65-1125270 Not Applicable \$8.75 Additional DWARD 5. Certificate of Status Desired DWAND Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, LUIS E PO Box Number is Not Acceptable) Street Address (P COURT 15980 SW 3-STREET-PEMBROKE PINES PL 33027-1154 changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statem the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if a plicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRESIDENT TITLE Delete TITLE Change Addition NAME ISAREL, TORRES NAME ESRAEL 6940 NW STREET ADDRESS 681 NORTH 8 STREET STREET ADDRESS 33014 NEWARK NJ-07107 CITY-ST-ZIP CITY-ST-ZIF Delete Change Addition TITLE **VPS** TITLE Dres ident NAME LUIS, GARCIA NAME GAZLIA E. STREET ADDRESS 15988 SW-9 STREET STREET ADDRESS 9080 SW 17 CT CITY-ST-ZIP CITY-ST-ZIP 3020 KEY LARGO FL 33037 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _____Change TITLE ☐ Delete TITLE ☐ Addition 700023587 10/06/03-01062-015 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filling indicated on this report or supplemental readt is true and of the corporation or the receiver or truster ampowered to changed, or on an attachment without address, with all of

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if