

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P01000075061 1. Entity Name TORNON HOLDINGS INC.	
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Principal Place of Business 2940 S. MIAMI AVE. MIAMI, FL 33129	Mailing Address 2940 S. MIAMI AVE. MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1129099	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOLARES, IRMA T ESQ.
C/O JORDEN BURT LLP
777 BRICKELL AVE., STE. 500
MIAMI, FL 33131

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000785682 01/17/08-80003-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUITIAN, ARIEL 2940 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUITIAN, CARMEN 2940 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLARES, MARIO J 2940 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLARES, IRMA T 2940 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Conny Corder* **1-11-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #