


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90473 001 \*4,411.25

**DOCUMENT # P01000080896**  
1. Entity Name  
**TORRES INVESTMENTS GROUP, INC.**



Principal Place of Business      Mailing Address  
**9325 SW 78TH STREET**      **9325 SW 78TH STREET**  
**MIAMI, FL 33173**      **MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**

00110000



04302004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1130277**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**TORRES, MIGUEL C**  
**9325 SW 78TH STREET**  
**MIAMI, FL 33173**

**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: *[Signature]*      *[Signature]*      DATE: **4/30/04**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, MIGUEL C 9325 SW 78TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TORRES, MARY BETH 9325 SW 78TH STREET MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]*      *[Signature]*      DATE: **4/30/04**      Daytime Phone #