

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080896

FILED
May 01, 2007
Secretary of State

Entity Name: TORRES INVESTMENTS GROUP, INC.

Current Principal Place of Business:

9325 SW 78TH STREET
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9325 SW 78TH STREET
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-1130277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, MIGUEL C
9325 SW 78TH STREET
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, MIGUEL C
Address: 9325 SW 78TH STREET
City-St-Zip: MIAMI, FL 33173

Title: VPD () Delete
Name: TORRES, MARY BETH
Address: 9325 SW 78TH STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL TORRES

P

05/01/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date