2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90026 036 ***150.00

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1. Entity Name
FLORIDA TORQUE CONVERTER, CORP.

Principal Place of Business	Mailing Address
830 SE NINTH ST CAPE CORAL, FL 33990	830 SE NINTH ST CAPE CORAL, FL 33990

01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
906 SE 9th St	906 SE 9th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33990 Country: USA	Zip: 33990 Country: USA

4. FEI Number: 65-1143145 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ST. AMAND, LAWRENCE W
830 SE NINTH ST
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name: Domenico Ferrara
Street Address (P.O. Box Number is Not Acceptable): 906 SE 9th Street
City: Cape Coral FL Zip Code: 33990

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: Vice Pres 3-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President ST. AMAND, LAWRENCE W 929 SE 6TH TERRACE CAPE CORAL, FL 33990	☒ Delete	PRESIDENT MARCIN PILATOWSKI 906 SE 9TH STREET CAPE CORAL FL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VICE PRESIDENT DOMENICO FERRARA 906 SE 9TH STREET CAPE CORAL FL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Pres 3-18-05 2397078052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #