2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90064 021 ***150.00

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1. Entity Name
DE LA TORRE SERVICES, INC.

40009330

Principal Place of Business	Mailing Address
3857 HERITAGE OAKS COURT OVIEDO, FL 32765	3857 HERITAGE OAKS COURT OVIEDO, FL 32765

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0444536
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LORENZO, ALEXANDRA
1907 BREEZY HILL DRIVE
WINDERMERE, FL 34786

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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 _____ DATE
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LORENZO, JOSE ANDRES
STREET ADDRESS	3857 HERITAGE OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	DE LA TORRE, EUFRASIA
STREET ADDRESS	3857 HERITAGE OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	LORENZO, JOSE LUIS
STREET ADDRESS	3857 HERITAGE OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	LORENZO, FRANCISCO
STREET ADDRESS	3857 HERITAGE OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	LORENZO, CONSUELO
STREET ADDRESS	3857 HERITAGE OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	LORENZO, CARMEN JUDITH
STREET ADDRESS	3857 HERITAGE OAKS COURT
CITY-ST-ZIP	OVIEDO, FL 32765

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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: _____ 01/26/05 407-3700639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #