

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000051238

1. Entity Name
DE LA TORRE SERVICES, INC.



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

Mailing Address
**3857 HERITAGE OAKS COURT
OVIEDO, FL 32765**



02212006 No Chg-F CR2E034 (11/05)

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**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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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03/08/06-80004-008 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06
Date

407-521-0575
Daytime Phone #