


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000051238 1. Entity Name DE LA TORRE SERVICES, INC.	
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Principal Place of Business 3857 HERITAGE OAKS COURT OVIEDO, FL 32765	Mailing Address 3857 HERITAGE OAKS COURT OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0444536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000852223 03/26/08-80020-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORENZO, JOSE ANDRES 3857 HERITAGE OAKS COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA TORRE, EUFRASIA 3857 HERITAGE OAKS COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, JOSE LUIS 3857 HERITAGE OAKS COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, FRANCISCO 3857 HERITAGE OAKS COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, CONSUELO 3857 HERITAGE OAKS COURT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, CARMEN JUDITH 3857 HERITAGE OAKS COURT OVIEDO, FL 32765

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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

02/28/08 407-808-1759
Date Daytime Phone #