## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 26, 2004 8:00 am Secretary of State

DOCUMENT # P02000052593  1. Entity Name LATORRE BEST HOME, INC.					05-26-2004 90004 023 ***150.00				
Principal Place of Business 6877 SW 17 ST POMPANO BEACH, FL: 33068		Mailing Address 6877 SW 17 ST POMPANO BEACH, FL 33068			44045978				
2. Principal I Suite, Apt.	Place of Business (9th & #, etc.	3. Mailing Address Suite, Apt. #, etc.	anc	31-	3242004	Chg-P		E034 (10/03)	
Orrin	no Benna	Proting Pa	m G	4.	FEI Numbe	er –		Ar	oplied For
330	068 970	32068	Country	-	55-078 Certificate	9870 of Status Desi	red 🔲	\$8.75 Add	
	6. Name and Address of Current F	Registered Agent	<u> </u>	7.	Name and	Address of N	aw Benistere	Fee Require	<u> </u>
TOMAS LATORRE, JOSE 6877 SW 17 ST. POMPANO BEACH, FL 33068 Street Address (F) 919 U.A.						Mofer is Not Accept  Tal	it Ro	/ 7 	319
8. The above the obligate SIGNATURE	named entity submits this statement for tions chredistered agent Signature, lypad or printed name of emplered agent a		registered office o			h, in the State		m familiar with,	and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		ribution. $\square$	\$5.00 N Added to	Fees				
TITLE YOUR	OFFICERS AND D		11.	PSTO	DITIONS/	CHANGES TO	OFFICERS A	ND DIRECTORS	
NAME STREET ADDRESS	LATORRE JOSE T 6877 SW 17 ST	Delete	NAME STREET ADDRESS	201901	rrig	Rola	undo	☐ Change	Addition
CITY-ST-ZIP	POMPANO BEACH, FL 33068	01	CITY-ST-ZIP	1000	WY W	Paloh."	AU 3	3306E	3
TITLE NAME	D EBERHARDT, JOSE	□ Delete	TITLE NAME		<u> </u>		;;= <u>u.u.</u>	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	7031 ENVIRON BLVD. #324 LAUDERHILL, FL 33319	•	STREET ADDRESS CITY-ST-ZIP						
TITLE	1	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS : CITY-ST-ZIP	** *		NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		<del></del> -	<del></del>		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS						
TITLE		☐ Delete	CITY-ST-ZIP			. <u>-</u>	<del></del>	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					osango	<u>∟</u> rootion
TITLE NAME		☐ Delete	TITLE NAME		, 744			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1	_	STREET ADDRESS						
	pertify that the information supplied with to on this report or supplemental reports is poration or the receiver or trustee pripov or on an attachment with an address year	his filing does not dyalify for irrue and accurate and that my vered to specific this report a first other than the specific this report a first other was a	the exemption stat y signature shall has secured by Cha	ed in Section 1 ave the same I pter 607, Florid	119.07(3)(i) egal effect da Statutes	, Florida Statu as if made un ; and that my	tes. I further or der oath; that name appears	ertify that the in I am an officer in Block 10 or	formation or director Block 11 if