

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90051 022 ***150.00

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02052005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000059617 1. Entity Name TORRES & ANGELES INC.					
Principal Place of Business 1738 N 68 ST. HIALEAH, FL 33014			Mailing Address 1738 N 68 ST. HIALEAH, FL 33014		
2. Principal Place of Business 1738 W. 68 st. Suite, Apt. #, etc.		3. Mailing Address 1738 W. 68 st Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 42-1539377	
Zip 33014		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REIVILL, TORRES D MR 1738 NW 61 ST. HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Reivill Torres Street Address (P.O. Box Number is Not Acceptable) 8605 NW 193 terr. City Miami Lakes FL Zip Code 33015		
8. The above named entity supervises 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TORRES, REIVILL D MR 8605 NW 193 TERR. MIAMI LAKES, FL 33105	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGELES, GLENY M MRS 8605 NW 193 TERRACE MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASH TORRES, MANUEL D MR 8605 NW 193 TERRACE MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information reported 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:			Date _____ Daytime Phone # (305) 822-0088		