2005 FOR PROFIT CORPORATION

ANNUAL REPORT Mar 23, 2005 08:00 AM DOCUMENT # P02000103794 **Secretary of State** 1. Entity Name TOROSS INVESTMENTS CORP. Principal Place of Business_ Mailing Address 5910 SW 113 AVE 5910 SW 113 AVE MIAMI, FL 33173 MIAMI, FL 33173 03172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0230630 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent TORRES, LUIS O DO NOT WRITE 5910 SW 113 AVE MIAMI, FL 33173 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bolti, 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 trile if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TORRES, LUIS O STREET ADDRESS 5910 SW 113 AVE CUTY-ST-ZIP MIAMI, FL 33173 0000002**73521** 03/23/05-**90032-016 150.0**0 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ппе STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 trule 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 emdowered 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE:

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FILED