FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000103794

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOROSS INVESTMENTS CORP



FILED May 30, 2003 8:00 am Secretary of State 05-30-2003 90085 024 ***150.00

D	O NOT WRITI	E IN THIS S	PACE				
2. Principal Place of Business 3. Mailing A			Address				
•	SW 113 AVE		5910 SW 113 AVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE		
City & State		City B Ct-t-				I' lander En	
MIAMI	. FLORIDA	City & State	MIAMI. FLORIDA		4. FEI Number 65 – 0230630	Applied For Not Applicable	
Zip	Country Zip					\$8.75 Additional	
33173			USA		5. Certificate of Status Desired Fee Required		
AN THE SECTION AND AN ADVENUE OF					7. Name and Address of Current Register	ed Agent	
DO NOT WOLF				Name LUIS O. TORRES			
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)—				
	IN THIS SI	PACE					
IN THE CLASS				5910 SW-1-1-3 AVE			
	Managadina (an ang managan)		(City MIA	мт F	L Zip Code	
3. The above na	and the state of t	for the purpose of changing	its registered (ed agent, or both, in the State of Florida. I am	familiar with and accept	
	ns of registered agent.	. ,		g		The triangle and doopt	
SIGNATURE	gnature, typed or printed name of registered ager	nt and title if applicable (N	OTF: Registered Ag	ent signature required v	when reinstating) DATE		
	ary 1 - May 1 Fee is \$150.00	(4	O / E. Hegisteled Ag	ent signature required v	DATE		
After May 1, Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be	
Aska Chark P	Amended UBR is \$61.25 ayable to Florida Department o				Trust Fund Contribution.	Added to Fees	
0.	OFFICERS ANI	Sec. and Sec. Published Association of the Contract of the Con				· · · · · · · · · · · · · · · · · · ·	
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IAME (T.	UIS O. TORRES		NAME			en e	
TREET ADDRESS	910 SW 113 AVE		STREET A	DDRESS			
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AME			NAME		IN THIS SPA	UE	
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AME			NAME				
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AME TREET ADDRESS			NAME (STREET AL	DORESS	The Company of the Co	the second of th	
ITY-ST-ZIP			CITY-ST-	COMMODERATE SERVICES		and the second s	
I 2. Thereby cert	tify that the information supplied wit	h this filing does not qualify t	or the evennt	ion stated in Sec	tion 119.07(3)(i), Florida Statutes. I further co	ertify that the information	
indicated on	this report or supplemental report i	is true and accurate and that	my signature	shall have the sa	ame legal effect as if made under oath; that I 7. Florida Statutes; and that my name appea	am an officer or director	
attachment v	with an address, with all other like e	mpowered.	ort as required	a by Chapter 607	, пола этатнея, апо that my name appea	ווא דוס זט טר אטטום ווו א	