

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90077 001 *****8.75
07-27-2006 90077 002 ***150.00

00000010



DOCUMENT # P03000043208 1. Entity Name DANIEL E TORCHIO, INC					
Principal Place of Business 6010 CORAL LAKE DRIVE A110 MARGATE, FL 33063			Mailing Address 6010 CORAL LAKE DRIVE A110 MARGATE, FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		07192006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 56-2357570	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORCHIO, DANIEL E 6010 CORAL LAKE DRIVE A110 MARGATE, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ 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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TORCHIO, DANIEL E 6010 CORAL LAKE DRIVE MARGATE, FL 33063			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowers.					
SIGNATURE: _____ 7/25/06 954-822-7314 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

66022319

July 10th, 2004

#-03000043208

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Daniel E. Torchio, Inc
6010 Coral Lake Drive
Margate, FL 33063
EIN # 56-2357570

Please be advised I never received the original application for my annual report.

If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00

Thank you,



Daniel E. Torchio, Inc