


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 039 ***150.00

DOCUMENT # P03000049315	
1. Entity Name JACQUELINE TORRES, P.A.	

Principal Place of Business 943 W 37TH TERR. HIALEAH, FL 33012	Mailing Address 943 W 37TH TERR. HIALEAH, FL 33012
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40046000



2. Principal Place of Business - No P.O. Box # 3700 DURANGO ST	3. Mailing Address 3700 DURANGO ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212007 Chg-P CR2E034 (12/06)

City & State Coral Gables FL	City & State Coral Gables, FL
Zip 33734	Country USA
Zip 33734	Country USA

4. FEI Number
51-0464443

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, JACQUELINE
3700 DURANGO ST.
CORAL GABLES, FL 33734**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 *Jackie Torres* **3/22/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST TORRES, JACQUELINE 943 W 37TH TERR. HIALEAH, FL 33012 <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	D TORRES, JACQUELINE 943 W 37TH TERR. HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: *Jackie Torres* **3/22/07**