## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 23, 2005 8:00 am **Secretary of State** DOCUMENT # P03000057176 03-23-2005 90023 011 \*\*\*150.00 TAMPA BAY TORQUE CONVERTER, CORP Principal Place of Business Mailing Address 830 SE 9 ST 830 SE 9 ST 40000100 CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 2. Principal Place of Business 3. Mailing Address 906 SE 91 ST 906 SE Suite, Apt. #, etc. Suite, Apt. #, etc. 03182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For /lane 73-1666258 Not Applicable Country 1/3A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOMENICO FERRAR ST AMAND, LARRY Street Address (P.O. Box Number is Not Acceptable) 830 SE 9 ST CAPE CORAL, FL 33990 Zip Code . 33 990 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. ne of registered agent and title if app \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD PRESIDENT TITLE President Delete TITLE Change MARCIN PAPENSKI 906 SE 714 ST ST AMAND, LARRY NAME NAME STREET ADDRESS 830 SE 9 ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP Cope *33990* CORAL TITLE TITLE MCE PRESIDENT ☐ Delete Change Change Addition NAME NAME DOMENICO FERRARA 906 BE 9Th 81 STREET ADDRESS STREET ADDRESS 33990 CITY-ST-ZIP CITY-ST-7IP CAPE CORAL TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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12. I hereby certify that the information supplied 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: