2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90037 022 ***150.00

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1. Entity Name
LA TORRE, INC.

Principal Place of Business
4240 TIMBER LANE
KISSIMMEE, FL 34744

Mailing Address
4240 TIMBER LANE
KISSIMMEE, FL 34744

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 35-2218623 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LATORRE, RALPH
4240 TIMBER LANE
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name Joan Latorre
Street Address (P.O. Box Number is Not Acceptable) 4240 Timber Lane
City Kissimmee FL Zip Code 34744

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 Joan Latorre
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LATORRE, RALPH JR.	
STREET ADDRESS	4240 TIMBER LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	☐ Delete
NAME	LATORRE, RALPH SR.	
STREET ADDRESS	4240 TIMBER LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	☐ Delete
NAME	LATORRE, JOAN	
STREET ADDRESS	419 ATLANTIC AVE. APT. 11-A	
CITY-ST-ZIP	EAST ROCKAWAY, NY 11518	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	☒ Change ☐ Addition
NAME	LATORRE, Ralph SR.	
STREET ADDRESS	4240 Timber Lane	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	Vice President	☒ Change ☐ Addition
NAME	LATORRE Ralph JR.	
STREET ADDRESS	4240 Timber Lane	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ralph Latorre Jr. Ralph Latorre Pres. 2/4/02 (407) 348-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #