


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5 **FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 016 \*\*\*153.75

<b>DOCUMENT # P0400002701</b>	
1. Entity Name FRANK TORRES, INC.	

Principal Place of Business 10117 ALCOCK RD ORLANDO, FL 32817	Mailing Address 10117 ALCOCK RD ORLANDO, FL 32817
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66020373



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0220336	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TORRES, FRANCISCO 10117 ALCOCK RD ORLANDO, FL 32817
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**DO NOT WRITE IN THIS SPACE**

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: *Francisco Torres* DATE: 6/15/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, FRANCISCO 10117 ALCOCK RD ORLANDO, FL 32817
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**DO NOT WRITE IN THIS SPACE**

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: *Francisco Torres* DATE: 6/16/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR