


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED  
05 NOV -3 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000036996					
1. Entity Name TORRES COMMUNICATIONS ENTERPRISES INC					
Principal Place of Business 2749 N. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744			Mailing Address 2749 N. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10252005    REIN-P    CR2E098 (6/04)	
4. FEI Number <b>20-0796044</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARANGO, MARIA P <del>12407 SION CT</del> ORLANDO, FL FL			Name <u>Arango, Maria</u> Street Address (P.O. Box Number is Not Acceptable) <u>2749 N. Orange Blossom Trail</u> City <u>Kissimmee</u> <b>FL</b> Zip Code <u>34744</u>		
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 <u>[Signature]</u>			DATE <u>10/31/05</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			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	P TORRES, LUIS A <input type="checkbox"/> Delete 12407 SION CT ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Torres, Luis A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2749 N Orange Blossom Trail Kissimmee, FL 34744	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARANGO, MARIA P <input type="checkbox"/> Delete 12407 SION CT ORLANDO, FL 34744		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Arango, Maria P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2749 N Orange Blossom Trail Kissimmee, FL 34744	
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	
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 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: <u>[Signature]</u>			DATE <u>10/31/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		