


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90163 019 \*\*\*150.00

<b>DOCUMENT # P04000038559</b> 1. Entity Name <b>MIKE TORRES, INC.</b>			
Principal Place of Business <b>2468 MILMAR DR W SARASOTA, FL 34237</b>		Mailing Address <b>2468 MILMAR DR W SARASOTA, FL 34237</b>	
2. Principal Place of Business <b>2680 Browning Street</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2680 Browning Street</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Sarasota, FL</b> <small>Zip</small> <b>34237</b> <small>Country</small> <b>USA</b>		City & State <b>Sarasota, FL</b> <small>Zip</small> <b>34237</b> <small>Country</small> <b>USA</b>	
4. FEI Number <b>20-0802299</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TORRES, MIKE 2468 MILMAR DR W SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent Name <b>Torres, Mike</b> Street Address (P.O. Box Number is Not Acceptable) <b>2680 Browning Street</b> City <b>Sarasota</b> <b>FL</b> <small>Zip Code</small> <b>34237</b>	
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>Mike Torres</u> <b>Mike Torres President</b> <b>4-26-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>TORRES, MIKE</b> <b>2468 MILMAR DR W</b> <b>SARASOTA, FL 34237</b> <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	<b>VP</b> <b>TORRES, DAWN</b> <b>2468 MILMAR DR W</b> <b>SARASOTA, FL 34237</b> <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 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>Mike Torres</u> <b>Mike Torres</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-26-05 (941) 809-9854</b> <small>Date Daytime Phone #</small>	