

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070600

Entity Name: C. TORRES CORP

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

11601 AUTUMN GARDENS CT  
TAMPA, FL 33635 US

## New Principal Place of Business:

14715 REDCLIFF DRIVE  
TAMPA, FL 33625 US

## Current Mailing Address:

11601 AUTUMN GARDENS CT  
TAMPA, FL 33635 US

## New Mailing Address:

14715 REDCLIFF DRIVE  
TAMPA, FL 33625 US

FEI Number: 20-1127516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, CARLOS M  
11601 AUTUMN GARDENS CT  
TAMPA, FL 33635 US

## Name and Address of New Registered Agent:

TORRES, CARLOS M  
14715 REDCLIFF DRIVE  
TAMPA, FL 33625 US

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.

SIGNATURE: CARLOS M. TORRES

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TORRES, CARLOS M  
Address: 11601 AUTUMN GARDENS CT  
City-St-Zip: TAMPA, FL 33635 US

Title: V ( ) Delete  
Name: MORELLITE, JAMES G  
Address: 11601 AUTUMN GARDENS CT  
City-St-Zip: TAMPA, FL 33635 US

Title: V ( ) Delete  
Name: ROSAS, RENATO  
Address: 11601 AUTUMN GARDENS CT  
City-St-Zip: TAMPA, FL 33635 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TORRES, CARLOS M  
Address: 14715 REDCLIFF DRIVE  
City-St-Zip: TAMPA, FL 33625 US

Title: V (X) Change ( ) Addition  
Name: MORELLITE, JAMES G  
Address: 14715 REDCLIFF DRIVE  
City-St-Zip: TAMPA, FL 33625 US

Title: V (X) Change ( ) Addition  
Name: ROSAS, RENATO  
Address: 14715 REDCLIFF DRIVE  
City-St-Zip: TAMPA, FL 33625 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M TORRES

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date