

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 010 ***150.00

DOCUMENT # P04000099452

1. Entity Name

THE TORCH DELIVERY, INC.



Principal Place of Business

~~10411 NW 28TH STREET SUITE C-104~~
~~MIAMI FL 33172~~

Mailing Address

P.O. BOX 520305
MIAMI FL 33152



2. Principal Place of Business

2123 N.W. 79TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEI Number

04-3796062

Applied For

Not Applicable

Zip
33122

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORADO, BERTA

~~10411 NW 28TH STREET SUITE C-104~~
~~MIAMI FL 33172~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2123 N.W. 79TH AVE.

City

MIAMI

FL

Zip Code
33122

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CORADO, BERTA
~~10411 NW 28TH STREET SUITE C-104~~
~~MIAMI FL 33172~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2123 N.W. 79TH AVE.
MIAMI, FL. 33122

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Berta Corado*

BERTA CORADO-PRESIDENT

4/5/2006

305-471-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #