2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000116249

1. Entity Name

TORRECILLA CORP.

Principal Place of Business	Mailing Address
113 S DEANE DUFF AVE CLEWISTON FL 33440	113 S DEANE DUFF AVE CLEWISTON FL 33440

2. Principal Place of Business	3. Mailing Address
113 S. Dean Duff AVE	113 S. Deane Duff Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clewiston, Florida	City & State: Clewiston, Florida
Zip: 33440 Country: United States	Zip: 33440 Country: United States

1st MOORE CR2E034 (10/05)

4. FEI Number 81-0654793 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORRECILLA, MANUEL
113 S DEANE DUFF AVE
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

TITLE	P	☐ Delete
NAME	TORRECILLA, MANUEL	
STREET ADDRESS	113 S DEANE DUFF AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	V	☐ Delete
NAME	TORRECILLA, AILEEN	
STREET ADDRESS	113 S DEANE DUFF AVE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	100000457375	
CITY-ST-ZIP	03/17/06 00001-023 150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Manuel Torrecilla Manuel P Torrecilla 2/28/06 1(863)983 9700