2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90110 008 ***150.00

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

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
P.O BOX 2307 clewiston.		113 S Deane Duff Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: clewiston FL.		City & State: clewiston FL	
Zip: 33440	Country: US	Zip: 33440	Country: U.S

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	7. Name and Address of New Registered Agent
TORRECILLA, MANUEL 113 S DEANE DUFF AVE CLEWISTON FL 33440	Name: Yadira Valle Street Address (P.O. Box Number is Not Acceptable): 1048 whitaker rd City: Belle glade FL Zip Code: 33430

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: Yadira Valle [signature] DATE: 01/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TORRECILLA, MANUEL		NAME		
STREET ADDRESS	113 S DEANE DUFF AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TORRECILLA, AILEEN		NAME		
STREET ADDRESS	113 S DEANE DUFF AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL 33440		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 [signature] Daytime Phone #: 863 983 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #