

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P05000015198

1. Entity Name  
JENNY TORRES, P.A.



Principal Place of Business  
4820 WEST 2ND LANE  
HIALEAH, FL 33012 US

Mailing Address  
4820 WEST 2ND LANE  
HIALEAH, FL 33012 US

2. Principal Place of Business  
15545 Miami Lakeway N  
Suite, Apt. #, etc.  
Unit 306

3. Mailing Address  
15545 Miami Lakeway N  
Suite, Apt. #, etc.  
Unit 306

City & State  
Miami Lakes, FL  
Zip 33014 Country US

City & State  
Miami Lakes, FL  
Zip 33014 Country US

06132006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-2238886

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORRES, JENNY ESQ.  
4820 WEST 2ND LANE  
HIALEAH, FL 33012

Name

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

15545 Miami Lakeway N Unit 306

City: FL  
Miami Lakes, FL Zip Code 33014

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

6/13/06

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTSD  
NAME TORRES, JENNY ESQ.  
STREET ADDRESS 4820 WEST 2ND LANE  
CITY-ST-ZIP HIALEAH, FL 33012

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jenny Torres, Esq. 6/13/06 786-239-0910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #