
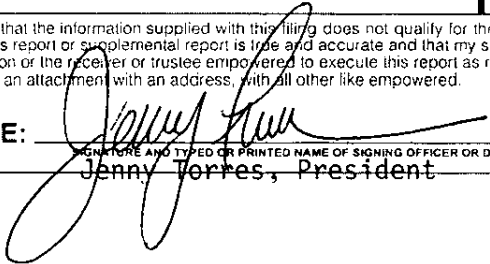


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90031 046 \*\*\*150.00

|  |                                 |  |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
|--|---------------------------------|--|---|--|---------------------------------|------|--------------------|--|----------------|---------------------------------|--|---------------|-----------------------|--|---|--|--|-------|--|---|------|--|--|----------------|--|--|---------------|--|--|
| <b>DOCUMENT # P05000015198</b><br>1. Entity Name<br><b>JENNY TORRES, P.A.</b>  |                                 |  |   |   |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Principal Place of Business<br><b>15545 MIAMI LAKEWAY N<br/>UNIT 306<br/>MIAMI LAKES, FL 33014 US</b>  |                                 |  | Mailing Address<br><b>15545 MIAMI LAKEWAY N<br/>UNIT 306<br/>MIAMI LAKES, FL 33014 US</b> |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address   |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| City & State   |                                 | City & State   |   | 4. FEI Number<br><b>20-2238886</b>   |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Zip  |                                 | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TORRES, JENNY ESQ.<br/>15545 MIAMI LAKEWAYS N<br/>UNIT 306<br/>MIAMI LAKES, FL 33014</b>   |                                 |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable _____ DATE _____   |                                 |  |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PTSD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TORRES, JENNY ESQ.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15545 MIAMI LAKEWAY N, UNIT 306</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td></td> </tr> </table>   |                                 |  | TITLE   | PTSD   | <input type="checkbox"/> Delete | NAME | TORRES, JENNY ESQ. |  | STREET ADDRESS | 15545 MIAMI LAKEWAY N, UNIT 306 |  | CITY- ST- ZIP | MIAMI LAKES, FL 33014 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
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| NAME   | TORRES, JENNY ESQ.              |  |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   | 15545 MIAMI LAKEWAY N, UNIT 306 |  |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  | MIAMI LAKES, FL 33014           |  |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
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| STREET ADDRESS   |                                 |  |   |  |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: <br>_____<br>Signature and typed or printed name of signing officer or director<br><b>Jenny Torres, President</b>  |                                 |  |   | Date: <b>1/11/07</b><br>Daytime Phone #: <b>786-239-0910</b>   |                                 |      |                    |  |                |                                 |  |               |                       |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |