
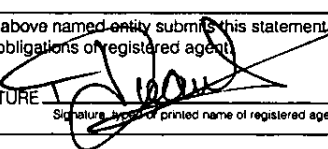
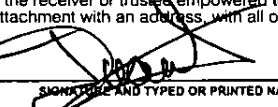


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000066058</b> 1. Entity Name <b>TORCHAV, INC.</b>						<b>FILED</b> <b>06 OCT 23 AM 10: 18</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>6727 WEST 4TH AVENUE HIALEAH, FL 33012</b>				Mailing Address <b>6727 WEST 4TH AVENUE HIALEAH, FL 33012</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>20-2873785</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHAVEZ, JUAN CARLOS 6727 WEST 4TH AVENUE HIALEAH, FL 33012</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10/19/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAVEZ, JUAN CARLOS</b> <b>7746 WEST 30TH LANE</b> <b>HIALEAH, FL 33018</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/03/06 90128 036 8180 00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORRES, NILDA</b> <b>7746 WEST 30TH LANE</b> <b>HIALEAH, FL 33018</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8/10/26</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/19/06</b> Daytime Phone # <b>305 823 4863</b>			

*Ruiz & Company, P.A.*

7950 NW 155<sup>th</sup> Street, Ste 202  
Miami Lakes, Florida 33016  
(305) 828-1277 Fax (305) 828-6855

October 19<sup>th</sup>, 2006


Florida Department of State  
P.O.Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

Enclosed please find the 2006 annual report which perhaps was lost since the check was received and cashed by you on March 2<sup>nd</sup>, 2006.

If you have any questions please don't hesitate to contact us.

Sincerely Yours,



Oscar W. Ruiz, E.A.

P.S. See attached copy of cashed check.