2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094884

Entity Name: A & R TORRES CORPORATION

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

201 CRANDON BLVD - APT 638 201 CRANDON BLVD APT 638 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

201 CRANDON BLVD - APT 638 201 CRANDON BLVD APT 638 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED DENTNESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD 1203 GOVERNOR'S SQUARE BLVD SUITE 101 SUITE 101 TALLAHASSEE, FL 323012960 US TALLAHASSEE, FL 323012960 US

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.

SIGNATURE: BUSINESS FILINGS INCORPORATED 04/26/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition TORRES, ANGELICA TORRES, ANGELICA Name: 201 CRANDON BLVD - APT 638 201 CRANDON BLVD APT 638 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

Title: (X) Change () Addition Title: () Delete

Name: TORRES, RICARDO Name: TORRES, ANGELICA 201 CRANDON BLVD - APT 638 201 CRANDON BLVD APT 638 Address: Address:

KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip:

Title: () Change (X) Addition Title: () Delete

Name: TORRES, RICARDO Name: 201 CRANDON BLVD APT 638 Address: Address: City-St-Zip: City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELICA TORRES **PRES** 04/26/2006