## 2006 FOR PROFIT CORPORATION

## Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT 04-03-2006 90373 035 \*\*\*150.00 **DOCUMENT # P05000102019** 1. Entity Name FUENTES & TORRES FINANCIAL, INC. 60024190 Principal Place of Business Mailing Address 717 EAST OAK STREET 20 NORTH ORANGE AVENUE US SUITE 610 KISSIMMEE, FL 34744 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03112006 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable 20-3182134 Country \$8.75 Additional . Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUENTES, JOSE Street Address (P.O. Box Number is Not Acceptable) 10301 STONE GLEN DRIVE ORLANDO, FL 32825 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change PTD TITLE noitibhA ☐ Delete FUENTES, JOSE NAME NAME 10301 STONE GLEN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP ☐ Change ☐ Addition VSD ☐ Delete TITLE TITLE TORRES, ROSELY NAME NAME 10525 SUNRISE TERRACE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ÓRLANDO, FL. 32825 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jose

☐ Delete

☐ Change

Daytime Phone #

☐ Addition

**FILED**