



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000124467 1. Entity Name TORRES CENTURY PAINTING CONTRACTOR INC	
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Principal Place of Business 7101 NORTH 40TH STREET TAMPA, FL 33604	Mailing Address 7101 NORTH 40TH STREET TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE

FILED  
08 SEP 29 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3327080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  TORRES, MIGUEL 7101 NORTH 40TH STREET TAMPA, FL 33604	DO NOT WRITE IN THIS SPACE
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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 Roben Torres M. 09-26-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, RUBEN 7101 NORTH 40TH STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, MIGUEL 7101 NORTH 40TH STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF CONTRERAS, SERGIO 7101 NORTH 40TH STREET TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200136519382  
10/01/08--01025--002 \*\*150.00

DO NOT WRITE  
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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: Roben Torres M. 09-26-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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