

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000124467

1. Entity Name
TORRES CENTURY PAINTING CONTRACTOR INC



08 SEP 29 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7101 NORTH 40TH STREET
TAMPA, FL 33604

Mailing Address
7101 NORTH 40TH STREET
TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

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**

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.

DATE 09-26-08

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution

\$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.

10. OFFICERS AND DIRECTORS

TITLE P
NAME TORRES, RUBEN
STREET ADDRESS 7101 NORTH 40TH STREET
CITY-ST-ZIP TAMPA, FL 33604

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

TITLE VP
NAME TORRES, MIGUEL
STREET ADDRESS 7101 NORTH 40TH STREET
CITY-ST-ZIP TAMPA, FL 33604

TITLE OF
NAME CONTRERAS, SERGIO
STREET ADDRESS 7101 NORTH 40TH STREET
CITY-ST-ZIP TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-26-08

Date

Daytime Phone #

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