

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124467

FILED  
Jul 03, 2009  
Secretary of State

Entity Name: TORRES CENTURY PAINTING CONTRACTOR INC

## Current Principal Place of Business:

7101 NORTH 40TH STREET  
TAMPA, FL 33604

## New Principal Place of Business:

405 N DADE AVENUE  
ARCADIA, FL 34266

## Current Mailing Address:

7101 NORTH 40TH STREET  
TAMPA, FL 33604

## New Mailing Address:

PO BOX 521  
ARCADIA, FL 34265

FEI Number: 20-3327080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, MIGUEL  
7101 NORTH 40TH STREET  
TAMPA, FL 33604 US

## Name and Address of New Registered Agent:

TORRES, MIGUEL  
405 N DADE AVENUE  
ARCADIA, FL 34266 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:

07/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TORRES, RUBEN  
Address: 7101 NORTH 40TH STREET  
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete  
Name: TORRES, MIGUEL  
Address: 7101 NORTH 40TH STREET  
City-St-Zip: TAMPA, FL 33604

Title: OF ( ) Delete  
Name: CONTRERAS, SERGIO  
Address: 7101 NORTH 40TH STREET  
City-St-Zip: TAMPA, FL 33604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TORRES, RUBEN  
Address: PO BOX 521  
City-St-Zip: ARCADIA, FL 34265

Title: VP (X) Change ( ) Addition  
Name: TORRES, MIGUEL  
Address: PO BOX 521  
City-St-Zip: ARCADIA, FL 34265

Title: OF (X) Change ( ) Addition  
Name: CONTRERAS, SERGIO  
Address: PO BOX 521  
City-St-Zip: ARCADIA, FL 34265

I hereby certify that the information supplied with this filing does not qualify 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: RUBEN TORRES

PRES

07/03/2009

Electronic Signature of Signing Officer or Director

Date