2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2007 8:00 am
Secretary of State

04-04-2007 90166 004 ***158.75

DOCUMENT # P06000000553

1. Entity Name
TORRES WAREHOUSE RACKS, INC.

Principal Place of Business	Mailing Address
9900 N.W. 80 AVENUE BAY 4-V HIALEAH GARDENS, FL 33016 US	7970 S.W. 37 TERRACE MIAMI, FL 33155 US

01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8345 NW 64 St	5636 NW 112 Passage
Suite, Apt. #, etc.: Miami,	Suite, Apt. #, etc.
City & State: Florida	City & State: Miami, Florida
Zip: 33166 Country: U.S.	Zip: 33178 Country: U.S.

4. FEI Number: 412191551 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TORRES, ORESTES 7970 S.W. 37 TERRACE MIAMI, FL. 33155	Name: Torres Orestes Street Address (P.O. Box Number is Not Acceptable): 5636 NW 112 Passage City: Miami FL Zip Code: 33178

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TORRES, ORESTES 7970 S.W. 37 TERRACE MIAMI, FL 33155	☐ Delete	P Torres Orestes 5636 NW 112 Passage Miami, FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 3/28/07 786-412-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #