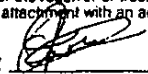


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-04-2007 90166 004 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000000553			
1. Entity Name TORRES WAREHOUSE RACKS, INC.			
Principal Place of Business 9900 N.W. 80 AVENUE BAY 4-V HIALEAH GARDENS, FL 33016 US		Mailing Address 7970 S.W. 37 TERRACE MIAMI, FL 33155 US	
2. Principal Place of Business - No P.O. Box # 8345 NW 64 St		3. Mailing Address 5636 NW 112 Passage	
Suite, Apt. #, etc. miami		Suite, Apt. #, etc.	
City & State Florida		City & State miami, Florida	
Zip 33166		Zip 33178	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent TORRES, ORESTES 7970 S.W. 37 TERRACE MIAMI, FL 33155		4. FEI Number 412191551 Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent 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 for 4 applicable (NOT: Registered Agent signature required when necessary) 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Torres Orestes 5636 NW 112 Passage miami, FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		3/28/07 786-412-9540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			