## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P06000047342 04-25-2007 90188 031 \*\*\*150.00 1. Entity Name A. TORRES TRANSPORT CORP. Principal Place of Business Mailing Address 40 1201 COLONIAL ESTATE LANE 1201 COLONIAL ESTATE LANE **RIVERVIEW, FL 33569** RIVERVIEW, FL 33569 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12201 COLONIAL STATE LANE 12501 COLONIAL STATE LANE Suite, Apt. #, etc Suite, Apt. #, etc. 01132007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For RIVERYIEW IVERVIEW, CL ユユーヨタシフタフタ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 41215BOARUGH 335C9 HILLSBOROUGH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BETZAIDA TORRES SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. COLONIAL STATE 4TH FLOOR MIAMI, FL 33145 Zip Code RIVERVIEW 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 Sgristure, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent argnature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fee: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP TITLE Delete ☐ Addition TITLE ☐ Change NAME TORRES, ALBERTO NAME 1201 COLONIAL ESTATE LANE ノンレッノ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP VST Change TITLE ☐ Addition TITLE ☐ Detete TORRES, BETZAIDA NAME NAME 1901 COLONIAL ESTATE LANE /ユンク/ STREET ADDRESS STREET ADDRESS CITY-ST-7P RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change RTLE Addition DTI F ☐ Delete WWE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-7/P DITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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. (813) 6847679 Secretary 4/21/07 SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Dayone Phone #