



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000047342 1. Entity Name A. TORRES TRANSPORT CORP.	
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Principal Place of Business 12201 COLONIAL STATE LN RIVERVIEW, FL 33569	Mailing Address 12201 COLONIAL STATE LN RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE


03112008 No Chg-P CR2E034 (11/05)
4. FEI Number **22-3957979** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TORRES, BETZAIDA
12201 COLONIAL STATE LN
RIVERVIEW, FL 33569**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000941272 05/28/08-80100-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES, ALBERTO 12201 COLONIAL ESTATE LN RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TORRES, BETZAIDA 12201 COLONIAL ESTATE LN RIVERVIEW, FL 33569
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Betzaida Torres **4/25/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #