## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000072620

Entity Name: TORRES BENET, P.A.

FILED Jan 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5308 VAN DYKE RD. VAN DYKE OFFICE CENTER LUTZ, FL 33558

5308 VAN DYKE RD. LUTZ, FL 33558

**Current Mailing Address:** New Mailing Address:

POST OFFICE BOX 340119 VAN DYKE OFFICE CENTER TAMPA, FL 33558

5308 VAN DYKE RD. LUTZ, FL 33558

FEI Number: 20-4931928 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TORRES, MARIO E III 5308 VAN DYKE RD. LUTZ, FL 33558

TORRES, MARIO E III VAN DYKE OFFICE CENTER 5308 VAN DYKE RD. LUTZ, FL 33558 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: 01/19/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

TORRES, MARIO E III TORRES, MARIO E III Name: Name: 5308 VAN DYKE RD. 16622 ASHTON GREEN DRIVE Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: LUTZ, FL 33558

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.

Ρ SIGNATURE: MARIO E. TORRES 01/19/2009