2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# P07000044891

Entity Name: TORRES AND TORRES INSURANCE AGENCY, INC.

Current Principal Place of Business:

8750 N.W. 36 STREET
SUITE 240
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

8750 N.W. 36 STREET
SUITE 240
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 20-8831201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, FRANCISCO
8750 N.W. 36TH STREET, SUITE 240
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TORRES, FRANCISCO
Address: 7740 S.W. 75 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: OFFI ( ) Delete
Name: TORRES, JAVIER A
Address: 5041 N.W. 93RD DORAL CIR. E.
City-St-Zip: MIAMI, FL 33143

Title: OFFI ( ) Delete
Name: TORRES, YOLANDA
Address: 5041 N.W. 93RD DORAL CIR. E.
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: TORRES, JAVIER A
Address: 5041 N.W. 93RD DORAL CIR. E.
City-St-Zip: MIAMI, FL 33143

Title: VP (X) Change ( ) Addition
Name: TORRES, YOLANDA
Address: 5041 N.W. 93RD DORAL CIR. E.
City-St-Zip: MIAMI, FL 33143

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.

SIGNATURE: FRANCISCO TORRES P 03/26/2008

Electronic Signature of Signing Officer or Director Date