2008 FOR PROFIT CORPORATION

May 02, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P07000119582 1. Entity Name 05-02-2008 90122 009 ***150.00 CHRISTOPHER TORRES V6 INC. Principal Place of Business Mailing Address 6331 SW 188TH AVENUE SOUTHWEST RANCHES FL 33332 6331 SW 188TH AVENUE SOUTHWEST RANCHES FL 33332 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Salle, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For Nymber - 3238134 Not Applicable $Z_{\rm ID}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, CHRISTOPHER R Street Address (P.O. Box Number is Not Acceptable) 6331 SW 188TH AVE SOUTHWEST RANCHES FL 33332 Zip Code 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 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 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 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 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 purpose of changing its registered of the obligations of purpose of changing its registered of the obligations of purpose of changing its registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME TORRES, CHRISTOPHER R NAME STREET ADDRESS 6331 SW 188TH AVE STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES FL 33332 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP THLE ☐ Dalete fiftE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition HAME НАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-219 CHY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12) I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliermental 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 op an altachingly with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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