

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099635

FILED
Jan 15, 2009
Secretary of State

Entity Name: TORRES ADULT CARE INC

Current Principal Place of Business:

2841 S.W. 133RD AVENUE
MIAMI, FL 33175

New Principal Place of Business:

3716 NW 23 COURT
MIAMI, FL 33142

Current Mailing Address:

2841 S.W. 133RD AVENUE
MIAMI, FL 33175

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, YADIRA
4041 S.W. 141ST PLACE
MIAMI, FL 33175 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, LUIS M
Address: 2841 S.W. 133RD AVENUE
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: TORRES, YADIRA
Address: 4041 S.W. 141ST PLACE
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: TORRES, HUMBERTO
Address: 4041 S.W. 141ST PLACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORRES, LUISA M
Address: 2841 S.W. 133RD AVENUE
City-St-Zip: MIAMI, FL 33175

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

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

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: LUISA M TORRES

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date