## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000021692

Entity Name: TORIJONA 900 CORPORATION

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

901 PONCE DE LEON BOULEVARD SUITE 305

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

901 PONCE DE LEON BOULEVARD SUITE 305 CORAL GABLES, FL 33134 US

FEI Number: 45-1796601 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:

ALEMANY, JOAQUIN A 901 PONCE DE LEON BOULEVARD SUITE 305 CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: P D

Name: CABEZA LEON, TORIBIO V

Address: 901 PONCE DE LEON BOULEVARD SUITE 305

City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP D

Name: CABEZA DELGADO, DAYANA

Address: 901 PONCE DE LEON BOULEVARD SUITE 305

City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP D

Name: CABEZA DELGADO, JONATHAN

Address: 901 PONCE DE LEON BOULEVARD SUITE 305

City-St-Zip: CORAL GABLES, FL 33134 US

Title: STD

Name: DELGADO DIAZ, MARIA PILAR

Address: 901 PONCE DE LEON BOULEVARD SUITE 305

City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: TORIBIO V. CABEZA LEON P 04/30/2012