2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023861

FILED Mar 27, 2007 Secretary of State

Entity Name: TORRES FENCING, INC. **Current Principal Place of Business: New Principal Place of Business:** 3205 N.W. 135 ST. OPA LOCKA, FL 33054 **Current Mailing Address: New Mailing Address:** 3205 N.W. 135 ST OPA LOCKA, FL 33054 FEI Number: 65-0411963 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, SYLVIA ALL FLORIDA FIRM, INC. 3201 NW 135TH ST 465 S. VOLUSIA AVÉ. OPA LOCKA, FL 33054 US SUITE C ORANGE CITY, FL 32763 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: DEVIN NEWMAN ASST. SECRETARY 03/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TORRES, EFRAIN Name: Name: 3201 NW 135 ST. Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: DST Title: () Change () Addition () Delete TORRES, SYLVIA Name: Name: 3201 NW 135TH ST. Address: Address: OPA LOCKA, FL 33054 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EFRAIN TORRES P 03/27/2007