## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000041280

1. Entity Name VASQUEZ PEREZ TORRES, INC.

**FILED** Apr 05, 2004 08:00 AM Secretary of State

Principal Place of Business

1510 LATHAM RD

WEST PALM BEACH, FL 33409

Ma ng Address

3440 CANTEEN CT LAND O LAKES, FL 34639

US

03242004

No Chg-P

CR2E034 (10/03)

4. FEI Numper 65-0587139

Applied For Not App 'cap e

5. CertTcate of Status Des red

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, RAUL 3904 INLET CIRCLE LAKE WORTH, FL 33463

## DO NOT WRITE IN THIS SPACE

| 8. 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 registered agent.  |  |  |                  |                                |  |
|---|--|--|------------------|--------------------------------|--|
| SIGNATURE Spalled facilities and harmorflog skild agreement for face case. OF TU kight cooleyed agreement or adalogs. URL:  |  |  |                  |                                |  |
| FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Eect on Campaign Fina Trust Fund Contribution  |  |  | o'ng             | \$5.00 May Be<br>Added to Fees | ###################################### |
| 10. OFFICERS AND DIRECTORS  |  |  |                  |                                |  |
| TITLE NAME STREET ADDRESS CITY ST 2IP   | P<br>TORRES, RAUL<br>3904 INLET CIRCLE<br>LAKE WORTH, FL 33463 |  |                  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  |  |  | ]<br>:<br>:<br>: |                                |  |
| TOTLE NAME STREET ADDRESS CITY ST ZIP   |  |  |                  | DO                             | NOT WRITE                              |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY ST ZIP  |  |  |                  | IN .                           | THIS SPACE                             |
| TITLE AAME STREET ADDRESS CITY ST ZIF   |  |  |                  |                                |  |
| TITLE KAME STREET ADDRESS CITY ST ZIP   |  |  |                  |                                |  |
| 12. Thereby cert fy that the information subblied with this find does not qually for the exemption stated in Section 119 07(3)(1) Fior da Statutes. I further certify that the information indicated on this report or subbliemental report is true and accurate and that my signature shall have the same legal effect as it 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 Fior da Statutes, and that my name appears in Block 10 or Block 11 if changed, or on appartachment with 3n address, with a lother like empowered. |  |  |                  |                                |  |