
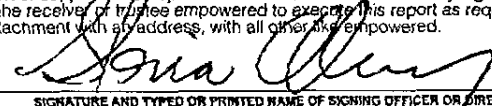


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:01
Secretary of State

DOCUMENT # P95000079770		
1. Entity Name TORREMOLINOS CORP.		
Principal Place of Business 9410 W FLAGLER ST APT. 304 MIAMI, FL 33174 US		Mailing Address 9410 W FLAGLER ST #304 MIAMI, FL 33174 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MORA, OSWALDO J ESQ. 2050 CORAL WAY, STE. 402 MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALVAREZ, GLORIA 9410 W. FLAGLER ST. #304 MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with a address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02/21/06 (205) 228-8822 Daytime Phone #



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0624800** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000443533
03/06/06-80013-024 150.00

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/21/2006** 786-280-0205
Daytime Phone #