

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000001023

**FILED**  
**Aug 06, 2009**  
**Secretary of State**

**Entity Name:** TORRES & ASSOCIATES INC.

**Current Principal Place of Business:**

16616 SADDLE CLUB ROAD  
WESTON, FL 33326

**New Principal Place of Business:**

3750 NW 87TH AVE  
SUITE 250  
DORAL, FL 33178

**Current Mailing Address:**

16616 SADDLE CLUB ROAD  
WESTON, FL 33326

**New Mailing Address:**

3750 NW 87TH AVE  
SUITE 250  
DORAL, FL 33178

**FEI Number:** 65-0726589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, YOLANDA R  
5041 NW 93RD DORAL CIRCLE E  
MIAMI, FL 33178 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TORRES, YOLANDA  
Address: 5041 NW 93 DORAL CIR E  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: TORRES, JAVIER A  
Address: 5041 NW 93 DORAL CIR. E.  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: TORRES, FRANCISCO A  
Address: 7740 SW 75 TERR.  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: YOLANDA TORRES

P

08/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date