DOCUMENT # P99000019776

Entity Name

TORRES BROTHERS CARPENTRY, CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 011 ***150.00

Principal Place of Business	Mailing Address
4420 NW 79TH AVE. #1G	4420 NW 79TH AVE. #1G
MIAMI FL 33166	MIAMI FL 33166

00052704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11201 SW 55 ST		11201 SW 55 ST	
Suite, Apt. #, etc: UNIDAD 426		Suite, Apt. #, etc.: UNIDAD 426	
City & State: MIRAMAR FL		City & State: MIRAMAR FL	
Zip: 33025	Country: US	Zip: 33025	Country: US

4. FEI Number: 65-0903864 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYES, MARIA O.	Name:
4420 NW 79TH AVE. #1G	Street Address (P.O. Box Number is Not Acceptable): 11201 SW 55 ST
MIAMI, FL 33166	UNIDAD 426
	City: MIRAMAR FL Zip Code: 33025

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.

X [signature] 4-28-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

The corporation is eligible to satisfy its Intangible filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00. After MAY 1, 2000 Fee will be $550.00. Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: REYES, MARIA O. ADDRESS: 4420 NW 79TH AVE. #1G CITY-ST-ZIP: MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS: 11201 SW 55 ST., UNIDAD 426 CITY-ST-ZIP: MIRAMAR FL 33025	☒ Change ☐ Addition
TITLE NAME ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] MARIA O. REYES 4/28/00 (305) 620-1140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #