


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000096626

1. Entity Name
TORRES HOLDINGS, INC.



Principal Place of Business: **8345 SW 174TH TERRACE MIAMI, FL 33157**

Mailing Address: **8345 SW 174TH TERRACE MIAMI, FL 33157**

DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number: **65-0959652**

Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

TORRES, CARMEN C
8345 S.W. 174 TERRACE
MIAMI, FL 33157

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000228815
 02/12/05-80026-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORRES, JORGE
STREET ADDRESS	8345 SW 174TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	DS
NAME	TORRES, CARMEN C
STREET ADDRESS	8345 SW 174TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V
NAME	TORRES, VIVIAN C
STREET ADDRESS	8345 S.W. 174 TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered.

SIGNATURE: Carmen C. Torres **CARMEN C. TORRES, SEC.**

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