

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587928

FILED
Apr 20, 2004
Secretary of State

Entity Name: TORFINO ENTERPRISES, INC.

Current Principal Place of Business:

3500 FAIRLANE FARMS RD
STE #3
W PALM BCH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

3500 FAIRLANE FARMS RD
STE #3
W PALM BCH, FL 33414 US

New Mailing Address:

FEI Number: 59-1882342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DETORFINO, NICHOLAS R
11745 OTTER RUN
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DETORFINO, NICHOLAS R
Address: 11745 OTTER RUN
City-St-Zip: LAKE WORTH, FL 33467

Title: PTD () Delete
Name: DETORFINO, LISE P
Address: 11745 OTTER RUN
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: PELLETIER, YOLANDE
Address: 1035 N.W. TUSCANY DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

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 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 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: LISE DETORFINO

PTD

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date