

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000051748

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC7702671029**

**Entity Name:** TORRESCAPE CORPORATION

**Current Principal Place of Business:**

540 N SR 434  
#115A  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 162772  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 59-3724480

**Certificate of Status Desired:** No

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

TORRES, MARC P  
3118 CECELIA DRIVE  
APOPKA, FL 32703 US

*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

**Officer/Director Detail :**

Title	P	Title	O
Name	TORRES, MARC P	Name	TORRES, SAMANTHA A
Address	3118 CECELIA DRIVE	Address	3118 CECELIA DRIVE
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARC P TORRES

**PRESIDENT**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date