


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 242804
 1. Entity Name
TERNER'S OF MIAMI CORP.



Principal Place of Business Mailing Address
 3050 NORTHWEST 40TH STREET 3050 NORTHWEST 40TH STREET
 MIAMI, FL 33142 US MIAMI, FL 33142 US

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0910225 Not Applicable

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

6. Name and Address of Current Registered Agent
 TERNER, MARCIA
 3050 NORTHWEST 40TH STREET
 MIAMI, FL 33142

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERNER, DINA 5700 COLLINS AVE #6E MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERNER, MARCIA 5500 COLLINS AVE #902 MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALZADILLA, MARCOS 7120 SW 107 TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TERNER, MARCIA 5500 COLLINS AVE #902 MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KABAK, IDA 12419 N. BAYSHORE DR N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KABAK, ELIAS 12419 N. BAYSHORE DR N. MIAMI, FL 33181

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04/27/05-00063-007 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Marcia Terner* Date: 4/25/05 Daytime Phone #: 305-638-7728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR