


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90033 034 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

60045011



07232008      Chg-P      CR2E034 (12/06)

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**

**7. Name and Address of New Registered Agent**

Name **Steven Kabak**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL**      Zip Code

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 **7/23/08**

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TERNER, DINA	
STREET ADDRESS	5700 COLLINS AVE #6E	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TERNER, MARCIA	
STREET ADDRESS	5500 COLLINS AVE #902	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KABAK, STEVEN	
STREET ADDRESS	200 LESLIE DR, # 928	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TERNER, MARCIA	
STREET ADDRESS	5500 COLLINS AVE #902	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KABAK, IDA	
STREET ADDRESS	12419 N. BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KABAK, ELIAS	
STREET ADDRESS	12419 N. BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI, FL 33181	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       **ELIAS KABAK**      Date **7/23/08**      Daytime Phone # **305-628-1728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR