

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # 391170	
1. Entity Name THIS LAND OF ACRES, INC.	

Principal Place of Business 6950 NW 77 COURT MIAMI, FL 33166	Mailing Address PO BOX 520687 MIAMI, FL 33152
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03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1370553	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUEZ, JOSE M 5303 BLUE LAGOON DR 390 MIAMI, FL 33126

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARQUEZ, FAUSTO 2550 S.W. 17 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, NANCY 2550 S.W. 17TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERNER, DINA 3050 NW 40 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERNER, SALOMON 6950 NW 77 CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80014-001 150.00

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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>3/27/07</u> Daytime Phone # <u>305-266-9000</u>