2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 447066

1. Entity Name
TUR CORPORATION

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US	2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-1552581	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

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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 _____ AMADA CANTERA LOPEZ 3/22/05

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
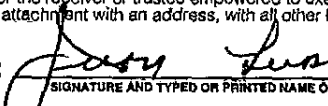**After May 1, 2005 Fee will be $550.00**

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	TUR, ANTONIO
STREET ADDRESS	2900 S.W. 69 AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	TUR, JUAN
STREET ADDRESS	3230 SW 69 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	PTD
NAME	TUR, JOSE
STREET ADDRESS	14522 S.W. 172ND LANE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80030-010 150.00

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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: _____   2/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

JUAN TUR, DIRECTOR