

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447066

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: TUR CORPORATION

**Current Principal Place of Business:**

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**New Mailing Address:**

FEI Number: 59-1552581      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TUR, ANTONIO  
Address: 2900 S.W. 69 AVENUE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: TUR, JUAN  
Address: 3230 SW 69 AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: TUR, LISETTE  
Address: 2900 SW 69 AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: TUR-ESTEFANIA, SARAI  
Address: 12985 SW 112 AVE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TUR, ANTONIO  
Address: 2900 S.W. 69 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: SVP (X) Change ( ) Addition  
Name: TUR, JUAN  
Address: 3230 SW 69 AVE  
City-St-Zip: MIAMI, FL 33155 US

Title: T (X) Change ( ) Addition  
Name: TUR, LISETTE  
Address: 2900 SW 69 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: D (X) Change ( ) Addition  
Name: TUR-ESTEFANIA, SARAI  
Address: 12985 SW 112 AVE  
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN TUR

S

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date