

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 025 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

Zip

Country

Zip

Country

02142006

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
782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6303 Blue Lagoon DR #390

City

MIAMI

FL

Zip Code

33126

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **MARQUEZ, FAUSTO**
STREET ADDRESS **2550 S.W. 17 AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete
NAME **MARQUEZ, NANCY**
STREET ADDRESS **2550 S.W. 17TH AVE.**
CITY-ST-ZIP **MIAMI, FL**

TITLE **PD** ☐ Delete
NAME **TERNER, DINA**
STREET ADDRESS **3050 NW 40 ST**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **SD** ☐ Delete
NAME **TERNER, SALOMON**
STREET ADDRESS **6950 NW 77 CT**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salomon Turner, Sec Dir. 2/15/06

Date

305-266-9000

Daytime Phone #