

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 004 ***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**

40032774



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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
NAME	MARQUEZ, FAUSTO
STREET ADDRESS	2550 S.W. 17 AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	MARQUEZ, NANCY
STREET ADDRESS	2550 S.W. 17TH AVE.
CITY - ST - ZIP	MIAMI, FL
TITLE	PD
NAME	TERNER, DINA
STREET ADDRESS	2050 NW 40 ST
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	SD
NAME	TERNER, SALOMON
STREET ADDRESS	6950 NW 77 CT
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	
NAME	MARCIA TERNER
STREET ADDRESS	3050 N.W. 40 ST
CITY - ST - ZIP	MIAMI FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

2/10/08

305 266 9000