

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 242804**

**1. Entity Name**  
**TERNER'S OF MIAMI CORP.**



**Principal Place of Business**  
3050 NORTHWEST 40TH STREET  
MIAMI, FL 33142 US

**Mailing Address**  
3050 NORTHWEST 40TH STREET  
MIAMI, FL 33142 US



01102005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-0910225

**Applied For**  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TERNER, MARCIA  
3050 NORTHWEST 40TH STREET  
MIAMI, FL 33142

**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, 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**  
PD  
**NAME**  
TERNER, DINA  
**STREET ADDRESS**  
5700 COLLINS AVE #6E  
**CITY-ST-ZIP**  
MIAMI BEACH, FL

**TITLE**  
DVP  
**NAME**  
TERNER, MARCIA  
**STREET ADDRESS**  
5500 COLLINS AVE #902  
**CITY-ST-ZIP**  
MIAMI BCH, FL

**TITLE**  
VP  
**NAME**  
CALZADILLA, MARCOS  
**STREET ADDRESS**  
7120 SW 107 TERR.  
**CITY-ST-ZIP**  
MIAMI, FL

**TITLE**  
DS  
**NAME**  
TERNER, MARCIA  
**STREET ADDRESS**  
5500 COLLINS AVE #902  
**CITY-ST-ZIP**  
MIAMI BCH, FL

**TITLE**  
DV  
**NAME**  
KABAK, IDA  
**STREET ADDRESS**  
12419 N. BAYSHORE DR  
**CITY-ST-ZIP**  
N. MIAMI, FL 33181

**TITLE**  
DT  
**NAME**  
KABAK, ELIAS  
**STREET ADDRESS**  
12419 N. BAYSHORE DR  
**CITY-ST-ZIP**  
N. MIAMI, FL 33181

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05

305-638-7728