


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # 242804 1. Entity Name TERNER'S OF MIAMI CORP.	
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Principal Place of Business 3050 NORTHWEST 40TH STREET MIAMI, FL 33142 US	Mailing Address 3050 NORTHWEST 40TH STREET MIAMI, FL 33142 US
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0910225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TERNER, MARCIA 3050 NORTHWEST 40TH STREET MIAMI, FL 33142
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERNER, DINA 5700 COLLINS AVE #6E MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERNER, MARCIA 5500 COLLINS AVE #902 MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KABAK, STEVEN 200 LESLIE DR, # 928 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TERNER, MARCIA 5500 COLLINS AVE #902 MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KABAK, IDA 12419 N. BAYSHORE DR N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KABAK, ELIAS 12419 N. BAYSHORE DR N. MIAMI, FL 33181

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IN THIS SPACE**

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04/20/07-80032-019 150.00

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: <i>Marcia Terner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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