

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 018 ***158.75

DOCUMENT # 368211	
1. Entity Name TURBANA CORPORATION	

Principal Place of Business 550 BILTMORE WAY #730 P.O. BOX 140009 CORAL GABLES, FL 33114-0009	Mailing Address 550 BILTMORE WAY #730 P.O. BOX 140009 CORAL GABLES, FL 33114-0009
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1304116

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



6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

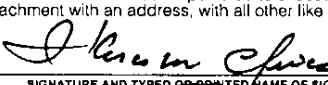
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALARCON, JUAN DAVID 550 BILTMORE WAY, #730 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ESCOBAR, ELKIN 550 BILTMORE WAY #730 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOS, COEN 29 N ANNE STREET DUBLIN 7 IRELAND, ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLERMO, GAVIRIA 550 BILTMORE WAY #730 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLERMO, HENRIQUEZ 550 BILTMORE WAY #730 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIS, IVAN 550 BILTMORE WAY #730 CORAL GABLES, FL 33134 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
D MEJIA, IVAN 550 BILTMORE WAY, #730 CORAL GABLES, FL 33134	

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:  **ELKIN ESCOBAR CFO** **305-445-1542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #