


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90194 019 ***150.00

DOCUMENT # 371856 1. Entity Name TURNER RIVER ACRES, INC.					
Principal Place of Business 5550 LA GORCE DR MIAMI BEACH, FL 33140			Mailing Address PO BOX 403667 MIAMI BEACH, FL 33140		
2. Principal Place of Business 2006 BISCAYNE BLVD.			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State Suite, Apt. #, etc.		
Zip 33137		Country		4. FEI Number 59-1306004	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUNOZ, CONNIE 1250 NE 125 STREET 316 MIAMI, FL 33161					
7. Name and Address of New Registered Agent Name CONNIE MUNOZ Street Address (P.O. Box Number is Not Acceptable) 2500 NE 135 ST. City N. MIAMI FL Zip Code 33181					
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME MORGAN, GIOCONDA STREET ADDRESS 5550 LA GORCE DR CITY-ST-ZIP MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE PS NAME GIOCONDA MORGAN STREET ADDRESS P.O. BOX 403667 CITY-ST-ZIP MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Connie Munoz, Director, CONNIE MUNOZ, 4/24/04-305-576-2220 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

24068231



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