



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 24 AM 10:50

DOCUMENT # A03000000847				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name TURAB GROUP, LTD.		05 MAY 24 AM 10: 50			
Principal Place of Business 1321 NORTHWEST 14TH STREET, SUITE 503B MIAMI, FL 33125		Mailing Address 9260 SW 72ND STREET, SUITE 206 MIAMI, FL 33173			
2. Principal Place of Business		3. Mailing Address 9360 SW 72ND STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 257		04252005 Chg-LP CR2E003 (10/03)	
City & State		City & State MIAMI, FL		4. FEI Number 20-0045265	
Zip		Zip 33173		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$40,100.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 		Rita Abislaïman -PTR 04/28/05 305-326-1440			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			