

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90125 002 ***150.00

DOCUMENT # K57510 1. Entity Name THE TURNWALD CORPORATION						
Principal Place of Business 2893 S.W. 69TH COURT MIAMI, FL 33155-2828			Mailing Address 2893 S.W. 69TH COURT MIAMI, FL 33155-2828			
2. Principal Place of Business - No P.O. Box # 2843 S. W. 69th COURT		3. Mailing Address 2843 S. W. 69th COURT				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0136960		
Zip 33155		Country USA		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent TURNWALD, HANS A 2893 S.W. 69TH COURT MIAMI, FL 33155-2828			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2843 S. W. 69th COURT City MIAMI FL Zip Code 33155			
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, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNWALD, HANS A 1632 S. BAYSHORE CT. APT #2 MIAMI, FL 33133		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNWALD, ANNE L 1632 S. BAYSHORE CT. APT #2 MIAMI, FL 33133		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: TAXPAYER'S HANS A TURNWALD. 07/05/07 7863887722						
COPY						

ATTACHMENT 40125249
#557570
The Turnwald Collection®

TURNWALD CORPORATION

2893 SW 69TH COURT

MIAMI, FL 33155

TEL: 786-388-7722

FAX: 786-388-7009

DATE: JULY 8.07

TO: _____

FROM: _____

2007 ANNUAL REPORT

NUMBER OF PAGES: _____ INCLUDES COVER SHEET

RE: _____

Ladies & Gentlemen,

WE MOVED IN THIS NEW BUILDING
LAST MONTH. THEREFORE WE MISLAYED YOUR
REPORT PAPERS. SORRY.

NOW, ONLY 2 MONTH LATE WE PAY (REPORT)
WE ASK YOU FOR FORGIVING US- THE
ONLY TIME IN HISTORY OF OUR CORP.

THANK YOU IN ADVANCE

BEST WISHES. New American V.P.

☐ PLEASE REPLY ☐ NO REPLY NECESSARY

ANY QUESTIONS OR PROBLEMS IN TRANSMISSION

FAX (800) 444-6884