

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N06000008792

1. Entity Name

TATWI FOUNDATION, INC.



FILED

07 SEP 13 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5328 REDWOOD RD.  
PLANTATION, FL 33317

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

4. FEI Number 41-2217437

Applied For  
Not Applicable

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRINCESSMICHELLE TURRINI  
5328 REDWOOD RD.  
PLANTATION, FL 33317

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After 9/14 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/S/D  
NAME PRINCESSMICHELLE TURRINI  
STREET ADDRESS 5328 REDWOOD RD.  
CITY-ST-ZIP PLANTATION, FL 3317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Princess Michelle Turcini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-07

(954) 292-5253

Date

Daytime Phone #