


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000107905 1. Entity Name TURBO-MACK CORPORATION	
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08312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1056669	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROJAS, JAVIER 7230 NW 66TH STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

000000377877
08/07/05 00010 011 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PSD ROJAS, JAVIER 7230 NW 66TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD ROJAS, GINNA 7230 NW 66TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ **GINNA ROJAS** **8/31/05** **(786) 8450701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #