2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 04, 2005 8:00 am Secretary of State DOCUMENT # P01000075103 05-04-2005 90161 030 ***150.00 TURTLE CABINETS CORP. Principal Place of Business Mailing Address 8751 NW 102 ST. 8751 NW 102 ST. MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. Chg-P 04292005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1135603 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent *Procowis* **PULLIS RAFAEL** 1642 NE 110TH TERR. <u>-147</u> MIAMI, FL 33161 City Zip Coae 3316G 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 by ped or printed neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GONZALEZ, EDUARDO NAME NAME STREET, ADDRESS 13018 SW 143 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 DITY-ST-7IP QQ TITLE Delete TITLE Change ☐ Addition TROLONIS, FEDENICO FEDERICO TROCORIS NAME NAME STREET ADDRESS STREET ADDRESS **46 CANALINDA IETAPA** AG CAPIALINDA 19 VALENCIA, VIENEZ 13 BIAPA CITY-ST-ZIP VELENCIA, VA CITY-ST-ZIP ☐ Chance BUE Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP PRE TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P C/TY-ST-7/2 TITLE Delete TITLE □ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing dives 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 elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to elecute this report as required by Chapter 607, Florida Statutes. currie and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecuje 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 a

E OF SIGNING OFFICER OR DIRECTOR

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