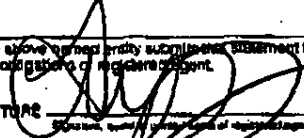
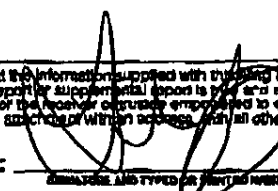


FILED
Jun 19, 2003 8:00 am
Secretary of State

05-05-2003 90246 001 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000059086			
1. Entity Name TURNER PHASE II, INC.			
Principal Place of Business 4928 S.W. 165TH AVENUE MIAMI, FL 33027		Mailing Address 4928 S.W. 165TH AVENUE MIAMI, FL 33027	
2. Principal Place of Business 4928 SW 165th Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33027	Country USA	Zip	Country
5. Name and Address of Current Registered Agent WASHINGTON, LYNN C 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		4. FEI Number 03-0466157 Applied For Not Applicable	
6. Name and Address of New Registered Agent Name: Tonya Turner Street Address (R.O. Box register is Not Acceptable) 4928 SW 165th Ave City: Miami FL Zip Code: 33027		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
8. The above named entity submitted 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 4-29-03	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delon Turner, president 4928 SW 165th Ave Miami, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tonya Turner, vice president 4928 SW 165th Ave Miami, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report by 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 incorporator currently 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 attached exhibit with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4-29-03 (305) 669-3709	

55049150

☐ CHECK HERE IF MAKING CHANGES

03/03/04 10/02