## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

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AME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

## Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P05000149483 04-30-2008 90166 015 \*\*\*150.00 1. Entity Name MG TURNBERRY, INC. 00032555 Principal Place of Business Mailing Address 2000 N.E. 135TH STREET APARTMENT 810 2000 N.E. 135TH STREET APARTMENT 810 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 19501 W Country Club Dr. 19501 W Country CL Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04172008 Chg-P #609 #609 City & State City & State 4. FEI Number Applied For Miami, Miami 98-0472813 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 33180 33180 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUTSON & DE TORRES P.A.** Street Address (P.O. Box Number is Not Acceptable) 7700 NORTH KENDALL DRIVE SUITE 702 MIAMI, FL 33156 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!!-FEE IS \$150:00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D D TITI F ☐ Change ■ Addition TITLE ☐ Delete GARCES, MONICA NAME NAME Monica Garces STREET ADDRESS 2000 N.E. 135TH STREET APARTMENT 810 STREET ADDRESS 19501 W Country Club Dr #609 CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-7/P Miami, FL 33180 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ■ Addition 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-ZIP CITY-ST-7IP 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.

FILED

Daytime Phone #