


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2007 8:00 am
Secretary of State

03-26-2007 90061 005 ***150.00

DOCUMENT # P06000075433 1. Entity Name TURQUOISE CORAL WAY COMPANY																																																																																									
Principal Place of Business 1101 BRICKELL AVE STE 1700 MIAMI, FL 33131			Mailing Address 1101 BRICKELL AVE STE 1700 MIAMI, FL 33131																																																																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																							
6. Name and Address of Current Registered Agent PENALVER, AURORA ESQ. 1101 BRICKELL AVE STE 1700 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D <input type="checkbox"/> Delete GARCIA DE SCHLOETER, CARMEN E</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2021 SW 3RD AVE UNIT 606</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33129</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	D <input type="checkbox"/> Delete GARCIA DE SCHLOETER, CARMEN E	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS	2021 SW 3RD AVE UNIT 606	STREET ADDRESS		CITY - ST - ZIP	MIAMI, FL 33129	CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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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.																																																																																									
SIGNATURE: <u><i>Carmen de Schloeter</i></u> <u>03-19-2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Phone #</small>																																																																																									

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03192007 Chg-P CR2E034 (12/08)

4. FEI Number **20-5516608** Applied For ☐ Not Applicable ☐
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required