
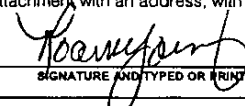


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-09-2007 90067 014 \*\*\*150.00

<b>DOCUMENT # P95000063843</b> 1. Entity Name <b>TURNBERRY FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>ATTN: DOUGLAS J. HELSPER</b> <b>20295 N.E. 29TH PLACE</b> <b>AVENTURA, FL 33180</b>			Mailing Address <b>ATTN: DOUGLAS J. HELSPER</b> <b>20295 N.E. 29TH PLACE</b> <b>AVENTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0647871</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>IGLER &amp; DOUGHERTY, P.A.</b> <b>2457 CARE DR</b> <b>TALLAHASSEE, FL 32308</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>YOUNG, ROARK</b> <b>YOUNG STOVALL, 9627 S. DIXIE HWY.</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATZ, RUBEN</b> <b>714 NE 59 STREET</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HELSPER, DOUGLAS J</b> <b>20295 NE 29 PL</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERLIN, GEORGE</b> <b>19333 W COUNTRY CLUB DR</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANADA, TERE</b> <b>7125 LAGO DR. WEST</b> <b>CORAL GABLES, FL 33143</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STIEFEL, CHARLES</b> <b>255 ALHAMVRA CIRCLE, #1000</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Guerra, Joseph</b> <b>6039 Collins Ave., # 1125</b> <b>Miami Beach, FL 33140</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 			<b>Roark Young, Chairman</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>04/04/07</b> (305) 931-7100		