


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000023335	
1. Entity Name TORNBERG FAMILY HOLDINGS, INC.	

Principal Place of Business 19667 TURNBERRY WAY 11J AVENTURA, FL 33180	Mailing Address 19667 TURNBERRY WAY 11J AVENTURA, FL 33180
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01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0740517	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NELSON, BARRY A ESQ % NELSON & LEVINE, P.A. 2775 SUNNY ISLES BLVD., SUITE 118 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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100000065536
02/25/04-80041-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TORNBERG, RALPH 19667 TURN BERRY WAY 11J AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS TORNBERG, BARBARA 19667 TURNBERRY WAY #11J AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does 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 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: Ralph Tornberg 2/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #