


2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90054 040 ***150.00

DOCUMENT # P97000023335					
1. Entity Name TORNBERG-FAMILY-HOLDINGS, INC.					
Principal Place of Business 500 BAYVIEW DR, PH 24 NORTH MIAMI BEACH FL 33160			Mailing Address 500 BAYVIEW DR, PH 24 NORTH MIAMI BEACH FL 33160		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0740517 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GOLD, ANDREW 2205 SQ HOYT CT LAKEWOOD CO 80227 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2205 SQ HOYT CT		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS PINES, DARYL T 25 OLD FIELD ROSLYN NY 11576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORNBERG, STEVEN 525 NW 97TH AVE PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORNBERG, ROY 12 N COBANE TERR WEST ORANGE NJ 07052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLD, KENNETH 16157 E PRENTICE PL AURORA CO 80015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLD, LAURENCE 500 BAYVIEW DR, PH 24 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Andrew Gold* **ANDREW GOLD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-07