


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 617631 1. Entity Name BREIT'S TOWER SERVICE, INC.	
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Principal Place of Business 4720 SW 75 AVE MIAMI, FL 33155	Mailing Address 4720 SW 75 AVE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1936824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREIT, CHARLES W
4720 SW 75 AVE
MIAMI, FL 33155

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STM BREIT, AERIS DEE 34 GARDEN MALL CT. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREIT, CHARLES E. 34 GARDEN MALL CT. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREIT, CHARLES W. 4720 SW 75TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRAM, GARY 9700 S DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000185516
01/21/05-80018-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: Charles W. Breit CHARLES W. BREIT 1/17/05 305-261-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #