## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2006 08:00 AM Secretary of State **DOCUMENT #617631** 1. Entity Name BREIT'S TOWER SERVICE, INC. Principal Place of Business Mailing Address 4720 SW 75 AVE 4720 SW 75 AVE MIAMI, FL 33155 MIAMI, FL 33155 03142006 No Chg-P GR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1936824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **BREIT, CHARLES W** DO NOT WRITE 4720 SW 75 AVE MIAMI, FL 33155 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. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U000000470786 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BREIT, AERIS DEE NAME STREET ADDRESS 34 GARDEN MALL CT. **INGLIS, FL 34449** TITLE BREIT, CHARLES E. NAME STREET ADDRESS 34 GARDEN MALL CT. INGLIS, FL 34449 CITY-ST-ZIP THE BREIT, CHARLES W. MAME 4720 SW 75TH AVENUE STREET ADDRESS DO NOT WRITE City-SI-ZiP MIAMI, FL IN THIS SPACE MAGRAM, GARY NAME 9700 S DIXIE HWY STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY+ST-ZIP

MIAMI, FL

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

**FILED**