

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90054 015 \*\*\*\*61.25

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<b>DOCUMENT # 716737</b>					
1. Entity Name CAMBRIDGE TOWERS, INC.					
Principal Place of Business 1601 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019 US			Mailing Address 4350 SW 59 AVE FORT LAUDERDALE, FL 33314		
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 59-1272473	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAGAZZU, JOHN E 1601 S OCEAN DR APT 602 HOLLYWOOD, FL 33019			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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS, NATHAN			NAME	
STREET ADDRESS	1601 S. OCEAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, WILLIAM			NAME	
STREET ADDRESS	1601 S. OCEAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGAZZU, ANGELA			NAME	
STREET ADDRESS	1601 S OCEAN DR			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBREUIL, ROBERT			NAME	
STREET ADDRESS	1601 S OCEAN DR			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFIE, CARINNE			NAME	
STREET ADDRESS	1601 S OCEAN DR			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICHAM, ANGELA C			NAME	
STREET ADDRESS	1601 S. OCEAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	
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 617, 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: <i>Nathan Hollis</i>				Date: <i>2/22/07</i> 954 920 1757	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	