

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 02, 2009  
Secretary of State**

DOCUMENT# 723873

Entity Name: ST. ANDREW TOWERS, INC

**Current Principal Place of Business:**

11410 NORTH KENDALL DRIVE  
SUITE 201  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

11410 NORTH KENDALL DRIVE  
SUITE 201  
MIAMI, FL 33176 US

**New Mailing Address:**

FEI Number: 23-7227364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FITZGERALD, J. PATRICK ESQ.  
110 MERRICK WAY  
SUITE 2-C  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: GARCIA, ROLANDO  
Address: 1111 SW 107 AVE  
City-St-Zip: MIAMI, FL 33174  
  
Title: ST ( ) Delete  
Name: SONARRIBA, REV. MARCOS  
Address: 13401 N.W. 28 AVENUE  
City-St-Zip: OPA LOCKA, FL 33054  
  
Title: PD ( ) Delete  
Name: QUINLIVAN, J. MARK  
Address: 5730 SW 74TH ST STE 300  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MARK QUINLIVAN

PD

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date