
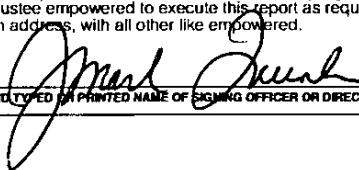


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90052 036 ****61.25

DOCUMENT # 743248 1. Entity Name ST. JOSEPH TOWERS, INC.			
Principal Place of Business 11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US		Mailing Address 11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US	
2. Principal Place of Business 11410 N Kendall Dr. Suite, Apt. #, etc. #201		3. Mailing Address 11410 N Kendall Dr. Suite, Apt. #, etc. #201	
City & State Miami, FL Zip 33176 Country USA		City & State Miami, FL Zip 33176 Country USA	
4. FEI Number 59-1844046		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 FITZGERALD & PORTUONDO 110 MERRICK WAY, STE. 2-C CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name J. Patrick Fitzgerald, Esquire Street Address (P.O. Box Number is Not Acceptable) 110 Merrick Way # 3B City Coral Gables FL Zip Code 33136	
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>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD STEIBEL, GARY R <input checked="" type="checkbox"/> Delete 1805 PIERCE STREET HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ABELLO, EUGENE <input type="checkbox"/> Delete 6522 SW 136 CT MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD QUINLIVAN, J. MARK <input type="checkbox"/> Delete 5730 SW 74 STREET, SUITE 300 MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST SOMARRIBA, MARCOS REV <input type="checkbox"/> Delete 13401 NW 28TH AVE. OPA LOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 exemption stated in Section 119.07(3)(i), 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: 		Date 4/8/05 Daytime Phone # (305) 757-2824	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			