


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # J89912
 1. Entity Name
 TOWERS OF CORAL SPRINGS, INC.



Principal Place of Business Mailing Address
 2825 UNIVERSITY DR 2825 UNIVERSITY DR
 #350A #350A
 CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US



07182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0035795 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORNER, S HOWARD
 2825 UNIVERSITY DR
 #350A
 CORAL SPRINGS, FL 33065

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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

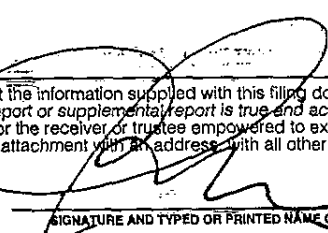
10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	FRAYND, PAUL
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	FRAYND, SAUL
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	FRAYND, MARCOS
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	PD
NAME	ORNER, HOWARD
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000373805
 07/20/05-80009-008 150.00

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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 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:  J. HOWARD ORNER 7/18/05 954-782-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #