


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N19042 1. Entity Name ST. MARY TOWERS, INC.	
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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
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02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2779192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J PATRICK, ESQUIRE
 110 MERRICK WAY
 SUITE 2-C
 CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

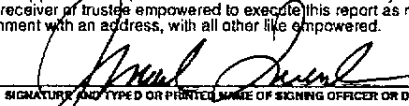
Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD QUINLIVAN, J. M 5730 SW 74TH ST., STE 300 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ABELLO, EUGENE 6522 SW 136 CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST SOMARRIBA, MARCOS REV 13401 NW 28TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 03/25/04-80032-008 61.25
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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 supplement 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:  **3/17/2004** **305 757-2824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #