

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # N19042

1. Entity Name **ST. MARY TOWERS, INC.**



Principal Place of Business
**11410 N. KENDALL DR
STE 201
MIAMI, FL 33176 US**

Mailing Address
**11410 N. KENDALL DR
STE 201
MIAMI, FL 33176 US**



03312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2779192

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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	SD GARCIA, ROLAND REV 1111 SW 107 AVE MIAMI, FL 33174
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	

U000000923151
05/18/08-80019-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.08 305.757.2824

Date

Daytime Phone #