

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90223 042 \*\*\*\*70.00

**DOCUMENT # 702849**

1. Entity Name  
**OCEAN TOWERS, INC.**



Principal Place of Business  
**158 OCEAN DR.  
MIAMI BEACH, FL 33139**

Mailing Address  
**P.O.BOX 440282  
MIAMI, FL 33144 US**

**20043259**



04162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0995136</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TOLEDO, ANA M  
9901 SW 5 ST.CR  
MIAMI, FL 33174**

**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, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERDUN, EDRIE P.O.BOX 800042 AVENTURA, FL 33280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEVILACQUA, PAT 8100 SCHOTT ROAD WESTERVILLE, OH 43081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLEDO, ANA M 9901 SW 5 ST CR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, JIM PO BOX 8070153 PROSPECT, NY 13435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATANCOURT, MIGIRED A 158 OCEAN DRIVE #407 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-15-05**

Daytime Phone #

**305-529-1400**