## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 702849** 

Entity Name: OCEAN TOWERS, INC.

FILED Apr 30, 2007 Secretary of State

158 OCEAN DR. MIAMI BEACH, FL 33139

**Current Mailing Address: New Mailing Address:** 

309 23RD STREET C/O BLUE LEAF MANAGEMENT SUITE 300 P.O BOX 190329 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33119

FEI Number: 59-0995136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REGATTA REAL ESTATE BLUE LEAF MANAGEMENT 309 23RD STREET 601 COLLINS AVENUE SUITE G-J SUITE 300 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US

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.

SIGNATURE: DOMINIQUE BAILLEUL 04/30/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FERDUN, EDRIE FERDUN, EDRIE Name: Name: P.O.BOX 800042 Address: P.O.BOX 800042 Address: City-St-Zip: AVENTURA, FL 33280 City-St-Zip: AVENTURA, FL 33280 Title: () Delete Title: () Change () Addition BEVILACQUA, PAT Name: Name: Address: 8100 SCHOTT ROAD Address: City-St-Zip: WESTERVILLE, OH 43081 City-St-Zip: Title: () Delete Title: () Change () Addition TOLEDO, ANA M Name: Name: 9901 SW 5 ST CR. Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

Name: MANNING, JIM Name: PO BOX 8070153 Address: Address: City-St-Zip: PROSPECT, NY 13435 City-St-Zip:

Title: ( ) Delete Title: SD (X) Change ( ) Addition MURTAUGH, KATHLEEN A MURTAUGH, KATHLEEN A Name: Name:

158 OCEAN DRIVE 158 OCEAN DRIVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Title: ( ) Change (X) Addition

GASPARE, RUFFOLO Name: Name: 158 OCEAN DRIVE Address: Address: MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MANNIG PD 04/30/2007