


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90003 006 ***122.50

DOCUMENT # 706865
1. Entity Name
TOWER EAST INCORPORATED



Principal Place of Business: **1150 EUCLID AVENUE, #107 MIAMI BEACH FL 33139**
Mailing Address: **1150 EUCLID AVENUE, #107 MIAMI BEACH FL 33139**

J4U00J4J



MOORE CR2E037 (4/04)

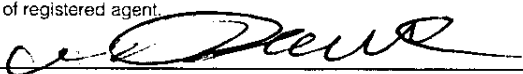
2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **59-1235709**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
BATISTA, BENITO RAUL
1150 EUCLID AVENUE
APT 210
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name: **V. Rosenthal**
Street Address (P.O. Box Number is Not Acceptable): **1150 Euclid Ave, Apt. 311**
City: **Miami Beach** FL Zip Code: **33139**

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:  DATE: **7/25/04**

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

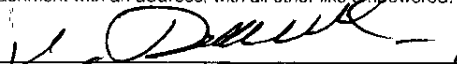
9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: TD NAME: PARSONS, GREG STREET ADDRESS: 1150 EUCLID AVE., #301 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: BATISTA, BENITO RAUL STREET ADDRESS: 1150 EUCLID AVE., #210 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: BORGES, CARMELO STREET ADDRESS: 1150 EUCLID AVE., #303 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: CABRERA, EFRAIN STREET ADDRESS: 1150 EUCLID AVE., #108 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: RENUelta, ALDARA STREET ADDRESS: 1150 EUCLID AVE, #102 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: LOPEZ, RAMON STREET ADDRESS: 1150 EUCLID AVE., #211 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Vlad Rosenthal STREET ADDRESS: 1150 Euclid Ave # 311 CITY-ST-ZIP: Miami Beach, FL 33139	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Fran Gordon STREET ADDRESS: 1150 Euclid Ave, Apt. 212 CITY-ST-ZIP: Miami beach	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Angel Boscar STREET ADDRESS: 1150 Euclid Ave Apt 8 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

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:  **V. Rosenthal**, DATE: **7/25/04**