2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736833

FILED Mar 22, 2004 Secretary of State

Entity Name: THE TOWERS OF WESTLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4525 W 20TH AVE HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

PO BOX 127634 P.O. BOX 653039

HIALEAH, FL 33012 US MIAMI, FL 33265 US

FEI Number: 59-1718528 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:

GONZALEZ, JESUS 11936 SW 8TH STREET MIAMI, FL 33184 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:

Clashrania Gianakura of Davisharad Araut

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HERNANDEZ, ISABEL
 Name:
 DOMINGUEZ, JOSE

 Address:
 4500 W 19TH CT #D 531
 Address:
 4525 W 20TH AVE. C-521

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: (X) Change () Addition DOMINQUEZ, JOSE Name: Name: SALES, ANTONIO Address: 4525 W 20TH AVE C 521 Address: 4525 W 20TH AVE. C-226 City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete Title: () Change () Addition

 Name:
 HERNANDEZ, JESUS
 Name:

 Address:
 4525 W 20 AVE #C-125
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

 Name:
 MANUEL, FRANQUIZ
 Name:

 Address:
 1975 W 44TH PLACE A-410
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

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

 Name:
 SALES, ANTONIO
 Name:

 Address:
 4525 W 20TH AVE C-226
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE L. DOMINGUEZ PD 03/22/2004