

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J89912

FILED
Oct 07, 2008
Secretary of State**Entity Name:** TOWERS OF CORAL SPRINGS, INC.**Current Principal Place of Business:**2855 NORTH UNIVERSITY DRIVE
SUITE 430
CORAL SPRINGS, FL 33065 US**New Principal Place of Business:****Current Mailing Address:**POST OFFICE 8615
CORAL SPRINGS, FL 33075 US**New Mailing Address:**POST OFFICE BOX 8615
CORAL SPRINGS, FL 33075 US**FEI Number:** 65-0035795**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BEHAR, BRIAN S
2999 N.E. 191ST STREET
5TH FLOOR
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: TD () Delete
Name: FRAYND, PAUL
Address: 2855 NORTH UNIVERSITY DRIVE, SUITE 430
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: SVD () Delete
Name: FRAYND, SAUL
Address: 2855 NORTH UNIVERSITY DRIVE, SUITE 430
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: PD () Delete
Name: FRAYND, MARCOS
Address: 2855 NORTH UNIVERSITY DRIVE, SUITE 430
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VD () Delete
Name: FRAYND, FANNY
Address: 2855 NORTH UNIVERSITY DRIVE, SUITE 430
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: FRAYND, GLADYS
Address: 2855 NORTH UNIVERSITY DRIVE, SUITE 430
City-St-Zip: CORAL SPRINGS, FL 33065 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL FRAYND

TD

10/07/2008

Electronic Signature of Signing Officer or Director_____
Date