


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 08, 2004 08:00 AM  
Secretary of State

**DOCUMENT # L75776**

1. Entity Name  
RIO TOWERS, INC.



Principal Place of Business  
1699 CORAL WAY / STE - 302  
MIAMI, FL 33145 US

Mailing Address  
1699 CORAL WAY / STE - 302  
MIAMI, FL 33145 US

**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0234322

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

6. Name and Address of Current Registered Agent

RODRIGUEZ-TEJERA, ANITA TEJON  
1699 CORAL WAY / STE - 302  
MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	RODRIGUEZ-TEJERA, ANITA TEJON
STREET ADDRESS	1699 CORAL WAY / STE - 302
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	BROWN, JESSELYN
STREET ADDRESS	1331 NW 50 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	ALMEIDA, FLORENTINO
STREET ADDRESS	641 W FLAGLER ST. 3RD FL
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/04-80126-011 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied in 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 607, 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: 2/24/04 Daytime Phone #: (305) 856-2547