

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 08, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # M43714**

1. Entity Name  
**TOWERS B-408, INC.**



Principal Place of Business

3510 CORAL WAY  
STE 200  
MIAMI, FL 33145 US

Mailing Address

3510 CORAL WAY  
STE 200  
MIAMI, FL 33145 US

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2818484**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RESTREPO, DARIO  
3510 CORAL WAY, STE 200  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ECHAVARRIA, ANDRES  
STREET ADDRESS PO BOX 02-5488  
CITY-ST-ZIP MIAMI, FL 33102

TITLE D  
NAME ECHAVARRIA, JUAN M  
STREET ADDRESS PO BOX 02-5488  
CITY-ST-ZIP MIAMI, FL 331025488

TITLE D  
NAME RESTREPO, DARIO  
STREET ADDRESS 3510 CORAL WAT STE 200  
CITY-ST-ZIP MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/08/05-80059-016 150.00

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 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:** \_\_\_\_\_

**Dario Restrepo**

**4/6/05**

**(305) 445-9555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #