


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M43717	
1. Entity Name TOWERS C-705, INC.	
	
Principal Place of Business 3510 CORAL WAY SUITE 210 MIAMI, FL 33145 US	Mailing Address 3510 CORAL WAY SUITE 210 MIAMI, FL 33145 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2818482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RESTREPO, DARIO MR. 3510 CORAL WAY SUITE 210 MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHAVARRIA, ANDRES JACARANDA POST NET #01-101601 PO BOX 02-5488 MIAMI, FL 331025488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHAVARRIA, JUAN M JACARANDA POST NET #01-10601 PO BOX 02-5488 MIAMI, FL 331025488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, DARIO 3510 CORAL WAY STE 200 MIAMI, FL 33145
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04/08/05-80059-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #