

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90325 018 ****61.25

DOCUMENT # N19042	
1. Entity Name ST. MARY TOWERS, INC.	

Principal Place of Business 11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US	Mailing Address 11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US
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50037683



2. Principal Place of Business 11410 N Kendall Dr	3. Mailing Address 11410 N Kendall Dr
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Miami, FL	City & State Miami, FL
Zip 33176	Country USA

04122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2779192	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITZGERALD, J PATRICK, ESQUIRE 110 MERRICK WAY SUITE 2-C CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINLIVAN, J. M 5730 SW 74TH ST., STE 300 MIAMI, FL 33143 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABELLO, EUGENE 6522 SW 136 CT MIAMI, FL 33183 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOMARRIBA, MARCOS REV 13401 NW 28TH AVE. OPA LOCKA, FL 33054 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: <i>J. Mark Quinlivan</i>	4/8/2005	305-757-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		