

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90039 015 ***150.00

DOCUMENT # P00000108180

1. Entity Name
BOWER GROUP, INC.



Principal Place of Business
ONE S.E. 3RD AVENUE #2400 2950
SUNTRUST INTERNATIONAL CENTER
MIAMI, FL 33131

Mailing Address
ONE S.E. 3RD AVENUE #2400 2950
SUNTRUST INTERNATIONAL CENTER
MIAMI, FL 33131



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1058218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.
ONE S.E. 3RD AVENUE #2400 2950
SUNTRUST INTERNATIONAL CENTER
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	BOWER, WILLIAM J III
STREET ADDRESS	15173 SW 34TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	D
NAME	BOWER, GARY
STREET ADDRESS	1374 NW 139TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #

01/21/06