

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90174 036 \*\*\*150.00

**DOCUMENT # P01000057481**

1. Entity Name  
**1140 TOWERS INVESTMENT, INC.**



Principal Place of Business

**1140 WEST 50 ST.  
MIAMI, FL 33175**

Mailing Address

**PO BOX 940291  
MIAMI, FL 33194**

**50035665**



2. Principal Place of Business

**1140 WEST 50 ST**

3. Mailing Address

Suite, Apt. #, etc.

03242005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

4. FEI Number  
**65-1113250**

Applied For  
Not Applicable

Zip

**33012**

Country

**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**MESTRE, OCTAVIO E ESQ  
PENTHOUSE SIX, 2600 DOUGLAS ROAD  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **MESTRE OCTAVIO E ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**7385 SW 87 AVE STE 100**  
**Miami**  
City **Miami** **FL** Zip Code **33173**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GONZALEZ, RAIMUNDO**  
CITY-ST-ZIP **PO BOX 940291  
MIAMI, FL 33194**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAIMUNDO GONZALEZ**

**3/30/05**

Date

**305-207-8080**

Daytime Phone #