2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

FILED 06 JAN -6 PK 4: 14: **DOCUMENT # P03000007009** SEGRÉLA TALLAHASSEF, LOMDA STERLING TOWERS INC. Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 7963 NW 188 Lane 7963 NW 188 Lane Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Numbe Miami Lakes Miami Lakes 36-4530761 Not Applicable Country Country \$8.75 Additional USA 33015 USA 5. Certificate of Status Desired 33015 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD **OUINCY** 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, Lam familiar with, and accept the obligations of registered agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U.P TITL F ■ Delete TITLE ■ Addition SANCHEZ, RICARDO PRES NAME NAME Elisabet Pelaez STREET AUCRESS 3285 NE 184TH ST. #12112 STREET ADDRESS 7963 NW 188 Lane AVNETURA, FL 33160 CITY-ST-ZIF CITY-ST-ZIP Miami Lakes Florida 33015 IM 6 ☐ Defete ☐ Charene ■ Addition NAME NAME Maria Velasco STREET ADDRESS STREET ADDRESS 7963 NW 188 Lane CITY-ST-ZIP CITY-ST-7IP Miami Lakes Florida 33015 TITLE ☐ Delete TITLE ☐ Change ■ Addition **600063986266** 01/18/06--01079--041 **30 NAME NAME STREET ADDRESS STREET ADDRESS **300.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 charged, or on an attachment with an address, with all officer. We empowered.

O OFFICER OR DIRECTOR

Date

Daytime Phone #



DATE:

12-28-2005

TO:

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FROM:

Sterling Towers, Inc.

Elisabet Pelaez

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL FOR 2005. PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-778-4509.

THANKS,

Sterling (Towers, Inc.

Elisabet Pelaez