2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am DOCUMENT # P03000013483 **Secretary of State** 1. Entity Name 03-09-2004 90031 005 ***150.00 SUN TOWERS GROUP, CORP. Principal Place of Business Mailing Address 11215 NW 57 LN MIAMI FL 33178 11215 NW 57 LN 44016146 **MIAMI FL 33178** 2. Principal Place of Business 3. Mailing Address 2000 NW 89TH PLACE 2000 NW 89TH PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For 4. FEI Number City & State FI 57-1166595 MIAMI Not Applicable MIAMI FL Country US A Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent a 11 & 4 1 CERASOLI, DOMENICO A 11215 NW 57 LN Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33178** City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 📆 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change Change ☐ Addition ☐ Delete CERASOLI, DOMENICO A CERASOLI, DOMENICO A NAME NAME 2000 NW 89+4 PL STREET ADDRESS STREET ADDRESS 11215 NW 57 LN CITY-ST-ZIP MIAMI FL. 33172 CITY-ST-ZIP MIAMI FL 33178 CERASOLI GIOVANNA COPPOLA Change ☐ Addition Delete TITLE TITLE CERASOLI, GIOUANNA C NAME NAME 2000 NW 89 TH PL 11215 NW 57 LN STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ■ Addition Change □ Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GIOVANNA COPPOLA CERASOLI DI RECTOR

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED