

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90001 009 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000092019



1. Entity Name  
 TOWER DEVELOPMENT GROUP, INC.

Principal Place of Business: 8440 SW 8TH STREET "OFFICE" MIAMI, FL 33144  
 Mailing Address: 8440 SW 8TH STREET "OFFICE" MIAMI, FL 33144

04001342



2. Principal Place of Business: 5040 NW 7 ST Suite 710 Miami, Fla 33126  
 3. Mailing Address: 5040 NW 7 ST Suite 710 Miami, Fla 33126

07222004 Chg-P CR2E034 (10/03)

4. FEI Number: 02-0707096  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: GOMEZ, RAFAEL N 8440 SW 8TH STREET "OFFICE" MIAMI, FL 33144

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: *Rafael N. Gomez* RAFAEL N. GOMEZ 7/27/2004  
Signature, in ink, of officer, director, registered agent and state legislator. (NOTE: Registered Agent signature required when substituting)

**FILE NOW! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, RAFAEL N	NAME	
STREET ADDRESS	5440 SW 8TH STREET "OFFICE"	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSSE, ARMANDO J	NAME	
STREET ADDRESS	8440 SW 8TH STREET "OFFICE"	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(5)(f), 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 807, 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: *Armando Posse* ARMANDO POSSE V.P. 7/27/04 305-529-2401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR