
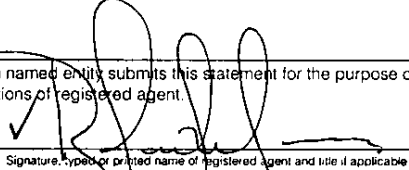
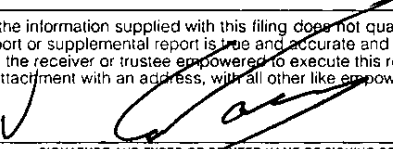


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL -9 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000092019 1. Entity Name TOWER DEVELOPMENT GROUP, INC.			
Principal Place of Business 5040 NW 7 TH STREET - SUITE 710 MIAMI, FL 33126		Mailing Address 5040 NW 7 TH STREET - SUITE 710 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 2655 LEJEUNE RD.		3. Mailing Address 2655 LEJEUNE RD.	
Suite, Apt. #, etc. #1110		Suite, Apt. #, etc. #1110	
City & State CORAL GABLES		City & State CORAL GABLES	
Zip 33134	Country USA	Zip 33134	Country USA
4. FEI Number 02-0707096		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, RAFAEL N 8440 SW 8TH STREET MIAMI, FL 33144		7. Name and Address of New Registered Agent Name RAFAEL GOMEZ Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE RD. #1110 City CORAL GABLES FL Zip Code 33134	
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 GOMEZ 5/22/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME GOMEZ, RAFAEL N <input checked="" type="checkbox"/> Delete STREET ADDRESS 5040 NW 7TH STREET, SUITE 710 CITY-ST-ZIP MIAMI, FL 33126	TITLE P NAME GOMEZ, RAFAEL N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2655 LEJEUNE RD # 1110 CITY-ST-ZIP CORAL GABLES, FL 33134	TITLE V NAME POSSE, ARMANDO J <input checked="" type="checkbox"/> Delete STREET ADDRESS 5040 NW 7TH STREET, SUITE 710 CITY-ST-ZIP MIAMI, FL 33126	TITLE VP NAME POSSE, ARMANDO <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2655 LEJEUNE RD. # 1110 CITY-ST-ZIP CORAL GABLES, FL 33134
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: 		Date 5/22/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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