## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 25, 2008 8:00 am Secretary of State

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DOCUMENT # P03000092019  1. Entity Name TOWER DEVELOPMENT GROUP, INC.				01-25-2008 90026 034 ***150.0						
Principal Place of Business Mailing Address						40010	リスト			
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2655 LEJEUNE RD 2655 LEJEUNE RD										
#1110 #1110 CORAL GABLES, FL 33134 #1110 CORAL GABLES, FL 33134			124							
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2 Principal Place of Business - No P.O. Box # 3. Mailing Address 955 West 74 St 955 W			St 74st							
Suite, Apt.	#, etc.	Suite, Apt. # etc.				01032008	Chg-P	CR2EC	34 (12/06)	
City & Stat	e h	City & State	l			4. FEI Numbe			Ap	plied For
Haec	an I-C	Hakah	P	<b>.</b>		02-070	7096		No	t Applicable
Zip	Country	Zip	Count		{	5. Certificate	of Status Desired		\$8.75 Add	
<u> 33014</u>	1 Dace	1-0	Da	<u>oe</u>		<b>0. 00</b> mode	,, otalog Besilea		Fee Require	d
	. ∜6. Name and Address of Current I	Registered Agent				7. Name and	Address of New	Registered	Agent	
				Name	i/	2000	- Pace	6		•
GOMEZ, F				Hemando Kosse						
2655 LEJE	UNERD			Street Acdress (P.O. Box Number is Not Acceptable)						
#1110			}					11.		
CORAL G	ABLES FL 33134			$a \leq$	5 1	1 bat	746t	#10	3	
5. 5%								Ei	Zip Code	<del></del>
	i.			City	tta	ean		FL	· <u> </u>	<u> </u>
	named entity submits this statement for ions of registered agent	the purpose of changing its	registere	d office or	r registere	ed agent, or bot	n, in the State of F	Torida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of unstored agent a	nd litle if applicable. (NOT)	E; Registèred	I Ageni signati	ne lluper su	when (constainig)		DATE		<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Cont	•	cing		OO May Be ed to Fees				· —·
10.	OFFICERS AND I		11.			ADDITIONS/	CHANGES TO OF	FICERS AND		
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NAME	GOMEZ, RAFAEL N		NAME		DO:	Mande	o Poss	ج		
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	and the thet the formation and the first of	thin filling class and a self of			ontale = d	in Chapter 110	Florido Crosses	I further ac-	lify that the i-	formation
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that r	a trie exe ny sional	impoons c ure shall h	ontained lave the s	ame legal effec	as if made under	r oath; that L	am an officer	or director
of the cor	poration or the receiver or trustee empo	wered to execute this report	as requir	ed by Cha	apter 607	, Florida Statute	; and that my nar	ne appears i	n Block 10 or	Block 11 if