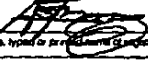
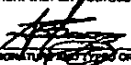


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/25/2005

FILED
Mar 02, 2005 8:00 am
Secretary of State

01-25-2005 90040 027 ***150.00

DOCUMENT # P04000112462					
1. Entity Name ALEXANDER TOWER REALTY SERVICE, INC					
Principal Place of Business 3505 SOUTH OCEAN DR 3B HOLLYWOOD, FL 33019			Mailing Address 3505 SOUTH OCEAN DR 3B HOLLYWOOD, FL 33019		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1433146	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESTEVEZ, AIDA 3505 SOUTH OCEAN DR 3B HOLLYWOOD, FL 33019				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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:  DATE: 1-20-05					
NOTE: Registered Agent signature required when renewing.					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ESTEVEZ, AIDA		NAME		
STREET ADDRESS	3505 SOUTH OCEAN DR SUITE 3B		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ULISES ESTEVEZ		NAME		
STREET ADDRESS	13640 Old Cutler Rd.		STREET ADDRESS		
CITY-ST-ZIP	Palmetto Bay, FL 33158		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Analia Ladner		NAME		
STREET ADDRESS	3505 So. Ocean Dr. Ste. 3B		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		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-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 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:  DATE: 1-20-05 951.920-1407					
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					