

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90279 046 ***150.00

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DOCUMENT # P04000127402 1. Entity Name G TOWER MORTGAGE CORPORATION																			
Principal Place of Business 6101 BLUE LAGOON DR STE 420 MIAMI, FL 33126		Mailing Address 6101 BLUE LAGOON DR STE 420 MIAMI, FL 33126																	
2. Principal Place of Business 8725 NW 18 TERRACE Suite, Apt. #, etc. SUITE 403 City & State DORAL FL Zip 33172 Country MIAMI-DADE		3. Mailing Address 8725 NW 18 TERRACE Suite, Apt. #, etc. SUITE 403 City & State DORAL, FL Zip 33172 Country MIAMI-DADE																	
4. FEI Number 20-1610327		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 G TOWER ENTERPRISES INCORPORATED 6101 BLUE LAGOON DR STE 420 MIAMI, FL 33126		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">M <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>G TOWER ENTERPRISES INCORPORATED</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6101 BLUE LAGOON DR STE 420</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> </tr> </table>		TITLE	M <input type="checkbox"/> Delete	NAME	G TOWER ENTERPRISES INCORPORATED	STREET ADDRESS	6101 BLUE LAGOON DR STE 420	CITY-ST-ZIP	MIAMI, FL 33126	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8725 NW 18 TERRACE STE 403 DORAL, FL 33172 </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8725 NW 18 TERRACE STE 403 DORAL, FL 33172	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 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.

SIGNATURE: ELEAZAR A GONZALEZ 3/1/2005 305-244-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #