
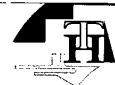


ANNUAL REPORT

Secretary of State

06-04-2008 90006 009 ***150.00

DOCUMENT # P05000071147			
1. Entity Name HIGHTOWER PROPERTY MANAGEMENT CORPORATION			
Principal Place of Business 9999 NE 2ND AVENUE 302 MIAMI SHORES, FL 33138		Mailing Address P.O. BOX 531145 MIAMI SHORES, FL 33153	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2843909		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		7. Name and Address of New Registered Agent	
MARTINEZ, JULIO E. MR. 9999 NE 2ND AVENUE 302 MIAMI SHORES, FL 33138		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: _____ DATE: _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRES	MARTINEZ, JULIO E MR.	P.O. BOX 531145	MIAMI SHORES, FL 33153
VP	GROSSO, MARIA T MS.	P.O. BOX 531145	MIAMI SHORES, FL 33153
SEC	MARTINEZ, JERRY E MR.	P.O. BOX 531145	MIAMI SHORES, FL 33153
DIR	MARTINEZ, NAYROBI J MS.	P.O. BOX 531145	MIAMI SHORES, FL 33153
DR	EUGENECIA DIAZ	P.O. BOX 531145	MIAMI SHORES, FL 33153
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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: 05/14/08 Daytime Phone: 305-290-0565			



Property Management Corporation

"Your success is our success"

HIGHTOWER

May 14, 2008

Dear Sir or Madam:

Please excuse our late payment; we received the annual report 5 days after the due date.

Thank You for understanding.


 Maria Grosso