2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019687

Entity Name: 3 TOWERS CONSTRUCTION, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	OAKMONT DRI FL 33015	VE		
Current Mailing Address:			New Mailing Address:	
	AKMONT DRI FL 33015	VE		
FEI Number	: 20-8438915	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
20020 E Ć HIALEAH, The above		US	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (SUAREZ, MAN 20020 E OAKN HIALEAH, FL :	ONT DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CFO (SUAREZ, MAR 20020 E OAKN HIALEAH, FL :	10NT DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (ORTIZ, ROLAN 9350 SW 22NI MIAMI, FL 331	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (SUAREZ, FELI 1262 SW 144 MIAMI, FL 331	CT.	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL SUAREZ P 03/19/2009