2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P9300046626 1. Entity Name THE THREE TOWERS CORPORATION					04-14-2008 90047 032 ***150.00				
Principal Place 21025 SW 23 MIAMI, FL 33	32ND STREET	Mailing Address 21025 SW 232ND STREET MIAMI, FL 33170			40067943				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Number 65-04200	356		\ \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	plied For It Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
TORRES, 21025 SW MIAMI, FL	232ND STREET	Name Street Address		(P.O. Box Number is Not Acceptable)					
				City	 		FL	Zip Code	e
	named entity submits this statement tions of registered agent.	for the purpose of changing i	ts register	ed office or registe	red agent, or both,	in the State of Fk		amiliar with,	and accept
SIGNATURE.	Signature, typed of printed name of registered age	ot and title if applicable (IN)	OTE: Bookson	ed Agent signature require	d weet representation)		DATE		
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	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be ded to Fees			:	
	ay 1, 2008 Fee will be \$550 OFFICERS AN			. □ · Add	ded to Fees	HANGES TO OFF	ICERS AND		
10.	OFFICERS AN	7.00 Trust Fund Co	ntribution.	. □ - Ado	ded to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
10. ITILE NAME	officers an Torres, Maria J	D DIRECTORS	ntribution. 11. TITE		ded to Fees	HANGES TO OFF	ICERS AND		
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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: __

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2008

305-242-8204