

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90047 032 ***150.00

DOCUMENT # P93000046626					
1. Entity Name THE THREE TOWERS CORPORATION					
Principal Place of Business 21025 SW 232ND STREET MIAMI, FL 33170			Mailing Address 21025 SW 232ND STREET MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0420356	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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		
TORRES, MARIA J 21025 SW 232ND STREET MIAMI, FL 33170			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME TORRES, MARIA J STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE VP NAME JEOVANY TORRES STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME TORRES, DIEGO STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE SD NAME DIEGO TORRES STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TORRES, JEOVANY STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE VP NAME JEOVANY TORRES STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME TORRES, DIEGO STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE SD NAME DIEGO TORRES STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TORRES, JEOVANY STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE VP NAME JEOVANY TORRES STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME TORRES, DIEGO STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE SD NAME DIEGO TORRES STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TORRES, JEOVANY STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input type="checkbox"/> Delete		TITLE VP NAME JEOVANY TORRES STREET ADDRESS 21025 SW 232 ST CITY - ST - ZIP MIAMI, FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-4-2008 Daytime Phone #: 305-242-8204		