## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 13, 2005 8:00 am Secretary of State DOCUMENT # P95000001717 1. Entity Name 04-13-2005 90039 049 \*\*\*150.00 SUNDRIFT TOWERS, INC. Principal Place of Business Mailing Address 3181 HALLANDALE BEACH BLVD. 3251 SW 53 ST FT LAUDERDALE FL 33312 HALLANDALE FL 33009 3. Mailing Address 318/ W. HALLAHDALE BCH BLV 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE: CR2E034 (10/04) City & State City & State 4. FEI Number Applied For PEMBROKE PARK, FL 65-0559854 Not Applicable Country BROWARIS Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D-LEBOW FEINBERG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 3181 HALLANDALE BEACH BLVD. HALLANDALE FL 33009 Zip Code -≩ვაა 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) same of registered agent and title if applicat FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAZAUREANÜ, FLORIAN NAME NAME STREET ADDRESS 3251 SW 53 ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME LAZAUREANU, FLOAREA NAME STREET ADDRESS 3251 SW 53 ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND REVER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designed Phone 1

12. I hereby certify that the information supplied with this filting 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