

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000001717	
1. Entity Name SUNDRIFT TOWERS, INC.	

Principal Place of Business 3181 HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	Mailing Address 3181 HALLANDALE BEACH BLVD. # 300 HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0559854	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEIBOURITZ, JERRY D TZ 3181 HALLANDALE BEACH BLVD. # 404 HALLANDALE, FL 33009	
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000525564 05/04/06-80038-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAZAUREANU, FLORIAN 3251 SW 53 ST FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAZAUREANU, FLOAREA 3251 SW 53 ST FORT LAUDERDALE, FL 33312
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 signature like empowered.

SIGNATURE: <i>Florian Lazareanu</i> FLORIAN LAZUREANU	4-21-06 954-987-90.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #