


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90042 016 ***150.00

DOCUMENT # P95000034039					
1. Entity Name TOWER 18 HOLDINGS, INC.					
Principal Place of Business 13499 BISCAYNE BOULEVARD 18TH FLOOR, CUT 6 MIAMI, FL 33181			Mailing Address 13499 BISCAYNE BOULEVARD 18TH FLOOR, CUT 6 MIAMI, FL 33181		
2. Principal Place of Business - No P.O. Box # 13499 Biscayne Blvd Suite, Apt. #, etc. 18th Floor Cut 1		3. Mailing Address 13499 Biscayne Blvd Suite, Apt. #, etc. 18th Floor CUT 1		01172008 Chg-P CR2E034 (12/06)	
City & State North Miami FL		City & State North Miami FL		4. FEI Number 65-1002086	
Zip 33181		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, STEPHEN C 13499 BISCAYNE BOULEVARD 18TH FLOOR, #906 MIAMI, FL 33181			7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOPKINS, STEPHEN C 13499 BISCAYNE BLVD., #906 MIAMI, FL 33181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hopkins, Stephen C 1000 Quayside Terr # 1601 Miami Shores FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Jan 23, 2008</u> Daytime Phone #: <u>786-525-6575</u>		