

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90667 023 ***150.00

DOCUMENT # P98000056983					
1. Entity Name BEVERLY TOWERS, INC.					
Principal Place of Business 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019			Mailing Address 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019		
2. Principal Place of Business		3. Mailing Address 18851 N.E. 29 th AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 722			
City & State		City & State Aventura, FLA.			
Zip	Country	Zip 33180	Country U.S.A.	4. FEI Number 65-0858761	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FELDMAN, DAVID 407 LINCOLN ROAD #701 MIAMI BEACH, FL 33139			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 GROSSKOPF, SERGIO 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 th AVE, #722 Aventura, FLA. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMOLARZ, MOISES A 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 th #722 Aventura, FLA. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SAAL, JOSE NORBERTO 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 th #722 Aventura, FLA. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROSSKOFF, MANUEL 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 th AVE. #722 Aventura, FLA. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAAL, JOSE NORBERTO 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 N.E. 29 th AVE. #722 Aventura, FLA. 33180 <input checked="" 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	