

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057114

FILED  
Jun 21, 2004  
Secretary of State

**Entity Name:** TOWER CONTRACTING OF MIAMI, CORP.

**Current Principal Place of Business:**

16623 NE 19 AVE.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

16623 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16623 NE 19 AVE.  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

16623 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 65-0933359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMIT, HENRY  
16623 NE 19 AVE.  
NORTH MIAMI BEACH, FL 33162

**Name and Address of New Registered Agent:**

SMITH, HENRY  
16623 NE 19 AVE.  
NORTH MIAMI BEACH, FL 33162

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.

SIGNATURE: HENRY SMITH

06/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMIT, TIMOTHY  
Address: 16623 NE 19 AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SMITH, TIMOTHY  
Address: 16623 NE 19 AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY SMITH

PD

06/21/2004

Electronic Signature of Signing Officer or Director

Date