

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16223

Entity Name: TOWSAFE, INC.

FILED  
Aug 07, 2007  
Secretary of State

## Current Principal Place of Business:

16271 NW 87 CT  
MIAMI, FL 330186314

## New Principal Place of Business:

11214 PINES BLVD.  
SUITE 221  
PEMBROKE PINES, FL 330264101 US

## Current Mailing Address:

11214 PINES BLVD  
SUITE 221  
PEMBROKE PINES, FL 33026

## New Mailing Address:

11214 PINES BLVD  
SUITE 221  
PEMBROKE PINES, FL 33026 US

FEI Number: 65-0225348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLORENS, AMADO J  
11214 PINES BLVD  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: LLORENS, AMADO J.,  
Address: 16271 NW 87TH CT  
City-St-Zip: MIAMI, FL 330186314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: LLORENS, AMADO J.,  
Address: 11214 PINES BLVD SUITE# 221  
City-St-Zip: PEMBROKE PINES, FL 330264101 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMADO J. LLORENS

PDS

08/07/2007

Electronic Signature of Signing Officer or Director

Date