

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # V20985

1. Entity Name
PICASSO TOWER, INC.



Principal Place of Business
**180 ISLAND DRIVE
KEY BISCAYNE, FL 33149**

Mailing Address
**180 ISLAND DR.
KEY BISCAYNE, FL 33149-2410 US**



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0372267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARTINEZ-CELEIRO, FRANCISCO
555 NE 15TH STREET SUITE #934
MIAMI, FL 33132**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000909438
05/06/08-80070-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MARTINEZ-CELEIRO, FRANCISCO
STREET ADDRESS	180 ISLAND DRIVE
CITY- ST- ZIP	KEY BISCAYNE, FL 331492410
TITLE	VSD
NAME	MIYASHIKI, EVA
STREET ADDRESS	180 ISLAND DRIVE
CITY- ST- ZIP	KEY BISCAYNE, FL 331492410
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

FRANCISCO MARTINEZ-C

4/16/08

Date

(305) 571-5050

Daytime Phone #