

**-2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # V38656

1. Entity Name
TECTON & TOWER, CORPORATION



Principal Place of Business
**8135 NW 93RD STREET
MEDLEY, FL 33166 US**

Mailing Address
**8135 NW 93RD STREET
MEDLEY, FL 33166 US**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0334458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GEOROE, JEFFREY M ST
1735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORTA, FRANCISCO G
STREET ADDRESS	390 W 11 ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DS
NAME	ORESTES, VIDAN
STREET ADDRESS	8135 NW 9300 ST
CITY-ST-ZIP	MEDLEY, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000719327
05/01/07-80059-011 150.00

**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

04/16/07

Date

305-885-8858

Daytime Phone #