

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101835

Entity Name: TOWER BUSINESS, INC.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134**Current Mailing Address:**2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134**FEI Number:** 41-2095243**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	PD
Name	ASPIS, MATIAS ARIEL
Address	AV. CORR, 1RO A CAP FED CP 1414AJC
City-State-Zip:	BUENOS AIRES, ARGENTINA XX XX

Title	TD
Name	ASPIS, JESICA RUTH
Address	AV. CORR, 1RO A CAP FED CP 1414AJC
City-State-Zip:	BUENOS AIRES, ARGENTINA XX XX

Title	VPD
Name	ASPIS, LUCIANA PERLA
Address	AV. CORR, 1RO A CAP FED CP 1414AJC
City-State-Zip:	BUENOS AIRES, ARGENTINA XX XX

Title	SD
Name	KAUL DE ASPIS, SARA SANDRA
Address	AV. CORR, 1RO A CAP FED CP 1414AJC
City-State-Zip:	BUENOS AIRES, ARGENTINA XX XX

I hereby 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 all other like empowered.

SIGNATURE: MATIAS ARIEL ASPIS

PD

03/10/2015

Electronic Signature of Signing Officer/Director Detail_____
Date