
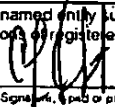
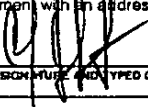


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-25-2005 90099 002 ***150.00

DOCUMENT # K31646					
1. Entity Name TOWER MANAGEMENT SERVICES, INC.					
Principal Place of Business 900 W. 49TH STREET STE 220 HIALEAH FL 33012		Mailing Address 900 W. 49TH STREET STE 220 HIALEAH FL 33012 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0067907	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELATORRE, CLEMENTE J 900 W. 49TH STREET STE 220 HIALEAH FL 33012			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 a registered agent.					
SIGNATURE  _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELATORRE, MAGALY		NAME	CLEMENTE J. DELATORRE	
STREET ADDRESS	900 WEST 49 STREET		STREET ADDRESS	900 W. 49 ST STE. 220	
CITY- ST- ZIP	HIALEAH FL 33012		CITY- ST- ZIP	HIALEAH, FL 33012	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELATORRE, CLEMENTE J		NAME	MAGALY DELATORRE	
STREET ADDRESS	900 WEST 49 STREET		STREET ADDRESS	900 W. 49 ST. STE. 220	
CITY- ST- ZIP	HIALEAH FL 33012		CITY- ST- ZIP	HIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date _____		
			Daytime Phone # _____		

ATTACHMENT

66026080

Tower Management Services, Inc.
900 West 49th Street
Suite 220
Hialeah, Florida 33012
Tel. 305.821.7668
Fax. 305.821.9388

August 17, 2005

Reference Number: **K31646**


To whom it may concern:

We never received the first notice for the renewal, but when received the second we immediately sent our fee to the state of Florida in reference to the corporation.

We are requesting if you may please waive the late fee in the amount of \$400.00. due to this inconvenience.

Should you have any questions please contact Tower Management Services, Inc. (305) 821-7668 between the hours of 8:30 a.m. and 4:30 p.m. from Monday thru Friday.

Sincerely,


Clemente J. Delatorre
President



ATTACHMENT

06026080

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

TOWER MANAGEMENT SERVICES, INC.
900 W. 49TH STREET
STE 220
HIALEAH, FL 33012 US

Subject: TOWER MANAGEMENT SERVICES, INC.

Reference Number:

K31646

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/sc

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314