


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90079 003 ***158.75

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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **65-0067907**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$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 registered agent.
SIGNATURE: *[Signature]* DATE: **1/24/06**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE: PD	NAME: DELATORRE, CLEMENTE J	<input type="checkbox"/> Delete
STREET ADDRESS: 900 W 49ST, STE 220	CITY-ST-ZIP: HIALEAH FL 33012	
TITLE: ST	NAME: DELATORRE, CLEMENTE J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 900 W 49 ST, STE 220	CITY-ST-ZIP: HIALEAH FL 33012	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: TD-VP	NAME: Margaly Delatorre	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 900 W. 49 ST, STE. 220	CITY-ST-ZIP: HIALEAH, FL. 33012	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* DATE: **01-24-06** DOCUMENT # **305821-7668**