


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90756 001 \*\*\*150.00  
 05-01-2006 90756 002 \*\*\*\*\*8.75

DOCUMENT # M91641 1. Entity Name TOWER ELECTRIC CORP.	
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Principal Place of Business 6846 HIGH RIDGE LANTANA FL 33462 US	Mailing Address 6846 HIGH RIDGE LANTANA FL 33462 US
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2. Principal Place of Business <i>6846 High Ridge Rd LANTANA</i> Suite, Apt. #, etc.	3. Mailing Address <i>6846 High Ridge Rd</i> Suite, Apt. #, etc. <i>LANTANA</i>
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1st MOORE CR2E034 (10/05)

City & State <i>LANTANA FL</i>	City & State <i>LANTANA FLORIDA</i>	4. FEI Number 65-0067825	Applied For Not Applicable
Zip <i>33462</i>	Country <i>WEST PALM BEACH</i>	Zip <i>33462</i>	Country <i>WEST PALM BEACH</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHAPEL, LEONARDO 6846 HIGH RIDGE RD APT. A. LANTANA FL 33462	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Leonardo Chapel* DATE: *04-15-2006*

Signature, typed or printed name of registered agent and office if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPEL, LEONARDO 6846 HIGH RIDGE ROAD LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPEL, DIGNA 6846 HIGH RIDGE ROAD LANTA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPEL, JOEL 6102 WEST FOLD LAKE WORTH, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leonardo Chapel* DATE: *04-15-2006* DAYTIME PHONE #: *561-588-7107*  
 561-718-9280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR