2003 FOR PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # P00000092380 1. Entity Name TOWER ENTERPRISES, INC.						04-21-2003 91214 042 ***150.00			
Principal Place of Business Mailing Address 7280 W. PALMETTO PARK ROAD STE 106 80CA RATON, FL 33433 BOCA RATON, FL 33433				ROAD STE 106		110	V5259		
2. Principal Place of Business 2790 N. Feder Highway Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				l Highery		CHECK HERE IF MAKING CHANGES			
City & Stat	 	City & State			4. FE	Number 65-1062705		Applied For Not Applicable	
Zip 33~J	Country	Zip 3) '4 } \	Count	ry		rtificate of Status Desired	Fee Red	Additional #	
5. Name and Address or current Registered Agent						me and Address of New Re	gistered Agent		
AHRON, BA 7280 W. PA BOCA RAT	,	Street Address (P.D. Box Number Is Not Acceptable)							
			ļ	Soute 4	os				
				City			FL Zip	ડેંડ્રેપ્રેંડા	
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									
JIGNATURE	Signature, typed or primed name of registered agent a	nd title if applicable. (NOTE:	Registered	I Agent відпацыю пецьіхец	When min	sating)	CATE		
After	ILE NOWIII FEE IS \$150,00 May 1, 2003 Fee will be \$560,00 Payable to Florida Department o	FState				Election Campaign Fina Trust Fund Contribution		5.00 May Be Ided to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFK			
TITLE NAME	DPST AHRON, BARRY	☐ Oelete	111LE NAME	.]			∵ Chan	ge 🗋 Addition	
STREET ADDRESS CITY-ST-ZP	7280 W. PALMETTO PARK ROAI BOCA RATON, FL 33433		STREE	PTADDRESS 279	0 p.	Federal Hydray S in Planck 1949;			
TITLE NAME		☐ Delete	TITLE	l			☐ Chain	ge 🛄 Addition	
STREET ADDRESS CITY-ST-ZP			STREE COY-	T ADDRESS ST - ZIP					
TITLE NAME	₹	☐ Delete	TALE	l l			☐ Char	ge 🗌 Addition	
STREET ADDRESS CITY-ST-2IP	-		STREE	T ADDRESS			-		
TITLE NAME		☐ Delete	TITLE	l l			☐ Char	ge 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP		·	STREE	T ADDRESS ST-2IP					
TITLE NAME		☐ Delete	TITLE	l			Char	ge 🗌 Addition	
STREET ADDRESS CITY-ST-ZP			STREE	T ADDRESS ST -ZIP					
TITLE NAME		☐ Delete	TITLE NAME	I .			Char	ge 🗌 Addition	
STREET ADDRESS CITY-ST-2P			STREE	et address St-2IP		·			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 attach frem with an address, with an address, with an address, with an address.									
SIGNATURE: 4/16/0									
	SIGNATURE AND TYPED OR P	RINTED HAME OF SIGNING OFFICER O	R DIRECT	OR		Care	Carytime Phon	4#	