## **\*\* '2006 FOR PROFIT CORPORATION**

## **FILED** М

ANNUAL REPORT			. <b>A</b>	pr 17, 20	)06 08:00 AI
DOCUMENT # P030000693 1. Entity Name TOWERS USA, CORP.	63			Secreta	ry of State
Principal Place of Business 2888 TENNIS CLUB DRIVE SUITE 104 WEST PALM BEACH, FL 33417	Mailing Address 2888 TENNIS CLUB DRIVE SUITE 104 WEST PALM BEACH, FL 3341	7			
DO NOT WRITE	IN THIS SPA	CE	03282006	No Chg-P	CR2E034 (11/05)
	*		20-0490	`	Not Applicable \$8.75 Additional
6. Name and Address of Current Re	istered Agent		a. Cermicale o.	Sialus Desired	Fee Required
TORRES, ARMANDO 2888 TENNIS CLUB DRIVE SUITE 104 WEST PALM BEACH, FL 33417				NOT WR HIS SPA	1
The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE.				in the State of Florida	
Signalure, typed or primed name of registered agent and to FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Section Campaign Finar     Trust Fund Contribution.	· , ++.	00 May Be ed to Fees		CATE
10. OFFICERS AND DIFF  TITLE P  TORRES, ARMANDO  STREET ADDRESS 2888 TENNIS CLUB DRIVE #104 WEST PALM BEACH, FL 33417	ECTORS				
WALE NAME STREET ADDRESS CITY-ST- ZIP			0	.000000518; 5/02/06-800	278 04-008 150.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP				NOT WR	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in T	HIS SPA	VE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is rule 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 trusted empowered to execute this report as required by Chapter 807, 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.

SIGNATIOE

\*\*TIMO6\*\*

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARMANDO

Tornes President

Daytime Fhore F