

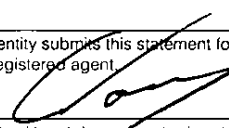
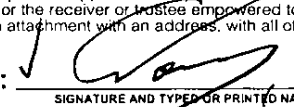


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL -9 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000096501					
1. Entity Name TOWER INVESTMENTS INC.					
Principal Place of Business 5040 N.W. 7TH HSTREET STE 710 MIAMI, FL 33126			Mailing Address 5040 N.W. 7TH HSTREET STE 710 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 2655 LESEUNE RD. Suite, Apt. #, etc. # 1110 City & State CORAL GABLES Zip 33134 Country USA			3. Mailing Address 2655 LESEUNE RD. Suite, Apt. #, etc. # 1110 City & State CORAL GABLES Zip 33134 Country USA		
					
			05232007 Chg-P CR2E034 (12/06)		
			4. FEI Number 01-0873269		
			Applied For Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POSSE, ARMANDO 8255 S W 132ND STREET MIAMI, FL 33156			7. Name and Address of New Registered Agent Name ARMANDO POSSE Street Address (P.O. Box Number is Not Acceptable) 2655 LESEUNE RD. # 1110 City CORAL GABLES FL Zip Code 33134		
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  (NOTE: Registered Agent signature required when reinstating) DATE 5/22/07					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, RAFAEL 5040 N.W. 7TH HSTREET STE 710 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, RAFAEL 2655 LESEUNE RD. # 1110 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS POSSE, ARMANDO 5040 N.W. 7TH HSTREET STE 710 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS POSSE, ARMANDO 2655 LESEUNE RD. # 1110 CORAL GABLES, FL 33134	<input checked="" 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	700106264337 07/17/07--01026--023 **\$11.25	<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 Chapter 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:  ARMANDO POSSE 5/22/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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