2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90071 041 ***150.00

DOCUMENT # P95000078363 1. Entity Name TOWER SQUARE, INC.						02-27-2006	900/1 041	. """150	J.00
Principal Place of Business Mailing Address						1802			
1404 - 1407 13TH ST. 905 SW 174TH TERRACE PEMBROKE PINES, FL 33029						•			
						18121 AND SENIER 18			
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-P	CR2E034	<u>`</u>	
City & State		City & State		4. FEI Numbe 65-0620				plied For t Applicable	
Zip	Country Zip Cou		Count	try	5. Certificate	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registerød Ag	ent	
 RODRIGUEZ, LUIS F G				Name					
905 S.W. 174TH TER. PEMBROKE PINES, FL 33029			Street Address (P.O. Box Number is Not Acceptable)						
						·			
			City	FL Zip Code					
	e named entity submits this statement titions of registered agent.	or the purpose of changing its	registere	ed office or reg	istered agent, or bot	h, in the State of F	lorida. I am far	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registere	d Agent signature rec	quired when reinstating)	<u>.</u>	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.									
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550				\$5.00 May Be Added to Fees				
After M	ay 1, 2006 Fee will be \$550 OFFICERS AND	.00 Trust Fund Cont	ribution.		Added to Fees	CHANGES TO OF			
10.	ay 1, 2006 Fee will be \$550	.00 Trust Fund Cont	11.	<u> </u>	Added to Fees	CHANGES TO OF		DIRECTORS Change	S IN 11
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10.	ay 1, 2006 Fee will be \$550	.00 Trust Fund Cont	11. TITLE NAMI	<u> </u>	Added to Fees	CHANGES TO OF			
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I hereby certify that the information supplied with this filling 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.