

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K31646

**Entity Name:** TOWER MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

900 W. 49TH STREET  
STE 220  
HIALEAH, FL 33012

**Current Mailing Address:**

900 W. 49TH STREET  
STE 220  
HIALEAH, FL 33012

**FEI Number:** 65-0067907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELATORRE, CLEMENTE J  
900 W. 49TH STREET  
STE 220  
HIALEAH, FL 33012 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	TDVP
Name	DELATORRE, CLEMENTE J	Name	DELATORRE, MAGALY
Address	900 W 49ST, STE 220	Address	900 W 49 ST, STE 220
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLEMENTE J DELATORRE

PD

01/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date