


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 243288**

1. Entity Name  
**TWIN OIL COMPANY**



Principal Place of Business  
**15300 NW 7TH AVENUE  
MIAMI, FL 33169**

Mailing Address  
**15300 NW 7TH AVENUE  
MIAMI, FL 33169**

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-0932728**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VOLANTE, GABRIEL  
15300 NW 7TH AVENUE  
MIAMI, FL 33169**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000131832  
04/27/04-90022-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VOLANTE, GABRIEL 15973 D'ALENE DR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DIAZ, MARIA 8003 N.W. 163RD TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PENZI, NANCY 2355 N.E. 197TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOLDBERG, MICHAEL W 4923 NW 110 WAY CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Gabriel Volante* **04-20-04** **(305)688-9613**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #