


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # H35589
 1. Entity Name
 TWIN PAWN, INC.



Principal Place of Business Mailing Address
 11350 N.W. 7TH AVENUE 11350 N.W. 7TH AVENUE
 MIAMI, FL 33168 MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2483979	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
 REITER, LORNE
 11350 NW 7TH AVENUE
 MIAMI, FL 33168

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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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000583425
 01/11/07-80071-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIER, LEANNE 1460 STILLWATER DR MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REITER, ESTELLE 1120 STILLWATER DR MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 lists empowered.

SIGNATURE: *Leanne Reiter* 1/6/07 305-757-5518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #