2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
04-29-2004 90079 025 ****50.00

DOCUMENT # L01000001001

1. Entity Name
TWINS CREATIVOS, LLC

Principal Place of Business	Mailing Address
1320 MIAMI ROAD #11 FT. LAUDERDALE, FL 33316	1320 MIAMI ROAD #11 FT. LAUDERDALE, FL 33316

05112004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
151 N. Michigan Ave		151 N. Michigan Ave	
Suite, Apt. #, etc.: 1115		Suite, Apt. #, etc.: 1115	
City & State: Chicago, IL		City & State: Chicago, IL	
Zip: 60601	Country:	Zip: 60601	Country:

4. FEI Number: 65-1068169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUIZ, DARIO 1320 MIAMI ROAD #111 FT. LAUDERDALE, FL 33316	Name: DARIO RUIZ Street Address (P.O. Box Number is Not Acceptable): 2909 Middle River Drive #205 City: Fort Lauderdale, FL FL Zip Code: 33306

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 [signature] April 26, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VARGAS, JUAN JOSE		NAME		
STREET ADDRESS	1320 MIAMI ROAD #11		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERNANDA PETERLIN, MARIA		NAME		
STREET ADDRESS	1320 MIAMI ROAD #11		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] DARIO RUIZ April 26, 2004 312-819-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #