


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-17-2005 90032 036 ***150.00

DOCUMENT # P04000009568																																																																																																																
1. Entity Name TWIN COMPANIES, INC.																																																																																																																
Principal Place of Business 8456 GLENCAIRM TERRAE MIAMI LAKES FL 33016			Mailing Address 8456 GLENCAIRM TERRAE MIAMI LAKES FL 33016																																																																																																													
2. Principal Place of Business		3. Mailing Address																																																																																																														
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																														
City & State		City & State																																																																																																														
Zip	Country	Zip	Country	4. FEI Number 52-2437597	Applied For Not Applicable																																																																																																											
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
7. Name and Address of New Registered Agent Name: <u>Mayra L. Parente</u> Street Address (P.O. Box Number is Not Acceptable): <u>8456 Glencairm Terr</u> City: <u>Miami Lakes</u> FL <u>33016</u>			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: <u>Mayra Parente</u> DATE: <u>2/9/05</u>																																																																																																													
			<p>FILE NOW!!! FEES \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																										
			<p>10. OFFICERS AND DIRECTORS</p> <table border="1"> <tr> <td>TITLE</td> <td>PTD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PARENTE, MAYRA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8456 GLENCAIRM TERRAE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES FL 33016</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEDINA, PLINIO I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8456 GLENCAIRM TERRAE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES FL 33016</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PTD	<input type="checkbox"/> Delete	NAME	PARENTE, MAYRA L		STREET ADDRESS	8456 GLENCAIRM TERRAE		CITY-ST-ZIP	MIAMI LAKES FL 33016		TITLE	SVD	<input type="checkbox"/> Delete	NAME	MEDINA, PLINIO I		STREET ADDRESS	8456 GLENCAIRM TERRAE		CITY-ST-ZIP	MIAMI LAKES FL 33016		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS		
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12. 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 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: <u>Mayra Parente</u> (951) 456-1009																																																																																																																
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p> <p><small>Date</small> <u>2/9/05</u> <small>Daytime Phone #</small></p>																																																																																																																