

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086076

FILED
Jan 25, 2005
Secretary of State

Entity Name: TWINS CAFE INC.

Current Principal Place of Business:

1869 CORNERVIEW LANE
ORLANDO, FL 32820

New Principal Place of Business:

241 S. WESTMONTE DR.
1050
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1869 CORNERVIEW LANE
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 20-1161571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, CAESAR
1869 CORNERVIEW LANE
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, CAESAR
Address: 1869 CORNERVIEW LANE
City-St-Zip: ORLANDO, FL 32820

Title: T () Delete
Name: GOMEZ, LESHA V
Address: 1869 CORNERVIEW LANE
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GOMEZ, IESHA V
Address: 3350 CROSS BRONX EXPWY
City-St-Zip: BRONX, NY 10465

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAESAR GOMEZ

P

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date