

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

06-13-2005 90001 027 ***400.00
07-05-2005 90115 028 ***158.75

DOCUMENT # P04000152437	
1. Entity Name TWINS LOGISTICS INC.	

Principal Place of Business 1342 S E 9TH AVENUE HIALEAH, FL 33010	Mailing Address 1342 S E 9TH AVENUE HIALEAH, FL 33010
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50054573



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06082005 Chg-P CR2E034 (10/03)

4. FEI Number 83-0409413	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENITO, PESTANO 7911 NW 72 AVE 215-A MEDLEY, FL 33186		7. Name and Address of New Registered Agent Name Hassel S Flores Street Address (P.O. Box Number is Not Acceptable) 1342 SE 9 Ave City Hialeah FL 33010	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FLORES, HASSEL S 1342 S E 9 AVENUE HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORES, NIBALDO D 1342 S E 9 AVENUE HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 or other like empowered.

SIGNATURE _____ Date **06/06/05** Daytime Phone # **786 897-1322**