

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032221

Entity Name: TWINS BROTHERS, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

465-1 STATE RD 13
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

4141 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-4465607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, DINESH
4141 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 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: PATEL, DINESH T
Address: 4097 PLESBURY DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: PATEL, PANKAJ
Address: 101 PLUMTON CT
City-St-Zip: ST JOHN, FL 32259

Title: S () Delete
Name: PATEL, VIJAY
Address: 1861 W. WINDY WAY
City-St-Zip: ST JOHN, FL 32259

Title: D () Delete
Name: MOTIWALA, BHADRESH
Address: 8019 SABLE CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATEL, DINESH T
Address: 4097 ALESBURY DR
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DINESH PATEL

P

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date