

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084790

FILED
Apr 28, 2008
Secretary of State

Entity Name: DAVID & TWINS INC.

Current Principal Place of Business:

1047 SOUTHWEST 9TH STREET LOWER
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

1047 SOUTHWEST 9TH STREET LOWER
MIAMI, FL 33130

New Mailing Address:

FEI Number: 26-0607869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEQUEIRA, EVERTH
1047 SOUTHWEST 9TH STREET LOWER
MIAMI, FL 33130 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: VP () Delete
Name: ARANCIVIA, WENDY
Address: 1047 SOUTHWEST 9TH STREET LOWER
City-St-Zip: MIAMI, FL 33130

Title: DIR () Delete
Name: ARANCIVIA, WENDY
Address: 1047 SOUTHWEST 9TH STREET LOWER
City-St-Zip: MIAMI, FL 33130

Title: P () Delete
Name: SEQUEIRA, EVERTH
Address: 1047 SOUTHWEST 9TH STREET LOWER
City-St-Zip: MIAMI, FL 33130

Title: DIR () Delete
Name: SEQUEIRA, EVERTH
Address: 1047 SOUTHWEST 9TH STREET LOWER
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EVERTH SEQUEIRA

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date