

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 243288

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC5781412487**

**Entity Name:** TWIN OIL COMPANY

**Current Principal Place of Business:**

15300 NW 7TH AVENUE  
MIAMI, FL 33169

**Current Mailing Address:**

15300 NW 7TH AVENUE  
MIAMI, FL 33169

**FEI Number:** 59-0932728

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOLANTE,GABRIEL  
15300 NW 7TH AVENUE  
MIAMI, FL 33169 US

*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

**Officer/Director Detail :**

Title DCEO  
Name VOLANTE,GABRIEL  
Address 15973 D'ALENE DR.  
City-State-Zip: DELRAY BEACH FL 33446

Title T  
Name DIAZ, MARIA  
Address 8003 N.W. 163RD TERRACE  
City-State-Zip: MIAMI FL

Title S  
Name PENZI, NANCY  
Address 2355 N.E. 197TH STREET  
City-State-Zip: MIAMI FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** GABRIEL VOLANTE

DCEO

03/09/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date