


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 226233</b>		
1. Entity Name <b>TWENTY LIMITED INC</b>		
Principal Place of Business <b>20191 E COUNTRY CLUB DR APT. 903 AVENTURA, FL 33180 US</b>		Mailing Address <b>20191 E COUNTRY CLUB DR APT. 903 AVENTURA, FL 33180 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03052004 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-0969009</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
8. Name and Address of Current Registered Agent <b>WELDON, RUTH 20191 E COUNTRY CLUB DR AVENTURA, FL 33180</b>		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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: <u><i>Ruth Weldon, Inc</i></u> <b>3/7/04</b> DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>0000000888257</b> <b>03/10/04 00054 021 155.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P POWELL, RUTH 20582 NE 6TH CT NO MIAMI BCH, FL 33179</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SAMACH, AUGUSTA 445 NE 195 ST. MIAMI, FL 33179</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MARSHAK, ELEANOR 661-NE 195TH ST. MIAMI, FL 33179</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T WELDON, RUTH 20191 E COUNTRY CLUB DR AVENTURA, FL 33180</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 all other like empowered.		
SIGNATURE: <u><i>Ruth Weldon, Inc</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/7/04</b> <b>305-935-4909</b> Date Daytime Phone #