


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 226233 1. Entity Name TWENTY LIMITED INC	
---	---

Principal Place of Business 20191 E COUNTRY CLUB DR APT. 903 AVENTURA, FL 33180 US	Mailing Address 20191 E COUNTRY CLUB DR APT. 903 AVENTURA, FL 33180 US
--	--

DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0969009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELDON, RUTH
20191 E COUNTRY CLUB DR
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, RUTH 20582 NE 6TH CT NO MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMACH, AUGUSTA 445 NE 195 ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHAK, ELEANOR 661-NE 195TH ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELDON, RUTH 20191 E COUNTRY CLUB DR AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UN00001242404
02/24/05-80087-005 155.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ruth Weldon* **2/21/05** **305-935-4909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #