2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # 243288

1. Entity Name
TWIN OIL COMPANY

Principal Place of Business
15300 NW 7TH AVENUE
MIAMI, FL 33169

Mailing Address
15300 NW 7TH AVENUE
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

02222007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0932728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VOLANTE,GABRIEL
STREET ADDRESS	15973 D'ALENE DR.
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	ST
NAME	DIAZ, MARIA
STREET ADDRESS	8003 N.W. 163RD TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	PENZI, NANCY
STREET ADDRESS	2355 N.E. 197TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	GOLDBERG, MICHAEL W
STREET ADDRESS	4923 NW 110 WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gabriel Volante 04-04-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #