

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 243288

Entity Name: TWIN OIL COMPANY

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15300 NW 7TH AVENUE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

15300 NW 7TH AVENUE  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 59-0932728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: PENZI, NANCY  
Address: 2355 N.E. 197TH STREET  
City-St-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

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date