


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90011 041 \*\*\*150.00

<b>DOCUMENT # 439752</b>	
<b>1. Entity Name</b> <b>TWIN ROSE PRODUCE CORP</b>	

<b>Principal Place of Business</b> 1390 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 US	<b>Mailing Address</b> 1390 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 US
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<b>2. Principal Place of Business</b> 17 S.E. 24TH AVENUE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 17 S.E. 24TH AVENUE Suite, Apt. #, etc.
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<b>City &amp; State</b> POMPANO BEACH, FL Zip 33062 Country US	<b>City &amp; State</b> POMPANO BEACH, FL Zip 33062 Country US
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01312004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-1563361	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  LEONARD ROSENBERG 2831 NW 39TH COURT LIGHTHOUSE POINT, FL 33064
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<b>NAME</b> ROSENBERG, LEONARD	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2831 NE 39TH COURT	<b>CITY-ST-ZIP</b> LIGHTHOUSE POINT, FL 33064	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> ROSENBERG DELORES	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2831 NE 39TH COURT	<b>CITY-ST-ZIP</b> LIGHTHOUSE POINT, FL 33064	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> VPD	<b>NAME</b> ROSENBERG, NEIL	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 3032 NE 31ST AVENUE	<b>CITY-ST-ZIP</b> LIGHTHOUSE POINT, FL 33064	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> ROSENBERG, JANIS	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2455 EAST LINDELL BLVD.	<b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33444	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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:** \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_