

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90001 025 ***150.00

DOCUMENT # 439752

1. Entity Name

TWIN ROSE PRODUCE CORP



Principal Place of Business

17 SE 24TH AVE.
POMPANO BEACH, FL 33062 US

Mailing Address

17 SE 24TH AVE.
POMPANO BEACH, FL 33062 US

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1563361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD ROSENBERG
2831 NW 39 COURT
LIGHTHOUSE POINT, FL 33064

**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

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, 2008 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	ROSENBERG, LEONARD
STREET ADDRESS	2831 NE 39TH COURT
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	TD
NAME	ROSENBERG DELORES
STREET ADDRESS	2831 NE 39TH COURT
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	VPD
NAME	ROSENBERG, NEIL
STREET ADDRESS	3032 NE 31ST AVENUE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	S
NAME	ROSENBERG, JANIS
STREET ADDRESS	2455 EAST LINDELL BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08
Date

954-946-6363
Daytime Phone #