

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 554178

1. Entity Name
TWO BY TWO, INC.



Principal Place of Business
**1057 WASHINGTON AVE.
MIAMI BCH, FL 33139 US**

Mailing Address
**8701 NW 19TH ST.
PEMBROKE PINES, FL 33024**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1777686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUONOCORE, SALVATORE D
8701 NW 19TH ST.
PEMBROKE PINE, FL 33024**

**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**

U000000779368
01/11/08-80035-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUONOCORE, SALVATORE
STREET ADDRESS 8701 NW 19TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE S
NAME TRAINOR, RICHARD
STREET ADDRESS 1840 CLEAVLAND RD.
CITY-ST-ZIP MIAMI, FL 33141

TITLE VT
NAME STEDMAN, JOEL
STREET ADDRESS 5 ISLAND AVE #7D
CITY-ST-ZIP MIAMI, FL 33139

TITLE D
NAME SIMPSON, ALAN
STREET ADDRESS 1208 1ST ST.
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

S. Buonocore, Pres. 1/7/08 305-673-6641

Date

Daytime Phone #