

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 554178

Entity Name: TWO BY TWO, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

1057 WASHINGTON AVE.
MIAMI BCH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

8701 NW 19TH ST.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 59-1777686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUONOCORE, SALVATORE
Address: 8701 NW 19TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: TRAINOR, RICHARD
Address: 1840 CLEAVLAND RD.
City-St-Zip: MIAMI, FL 33141

Title: VT () Delete
Name: STEDMAN, JOEL
Address: 5 ISLAND AVE #7D
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: SIMPSON, ALAN
Address: 1208 1ST ST.
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SALVATORE BUONOCORE

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date