


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F44843
 1. Entity Name
TWENTY TWENTY-SEVEN, INC.



Principal Place of Business 428 EAST RIDGE VILLAGE DRIVE MIAMI, FL 33157 US	Mailing Address P.O. BOX 529 KEY LARGO, FL 33037 US
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03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2138534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ASHE, THOMAS E
 9200 S DADELAND BLVD
 308 DADELAND TOWERS
 MIAMI, FL 33156**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000135127 04/28/04-80047-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, LARRY O. 103 OCEAN BAY DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STACEY, ALICE J 428 E RIDGE VILLAGE DR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEE, DOROTHY 103 OCEAN BAY DR KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dorothy J. Lee **4-16-04 (305) 451-6039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #