

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007324

FILED
Feb 19, 2009
Secretary of State

Entity Name: D-R TWIN SPORTS INC.

Current Principal Place of Business:

1225 TAMIAMI TRAIL
UNIT#A9
PORT CHARLOTTE, FL 33953 US

Current Mailing Address:

390 FAIRHAVEN STREET
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

525 TAMIAMI TRAIL
UNIT#1
PORT CHARLOTTE, FL 33953 US

New Mailing Address:

FEI Number: 26-3095922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARADO, DANIEL
390 FAIRHAVEN STREET
PORT CHARLOTTE, FL 33952 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVARADO, DANIEL
Address: 390 FAIRHAVEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP (X) Delete
Name: MARIN, RODRIGO
Address: 20326 LADNER AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: S (X) Delete
Name: ALVARADO, ANDREA
Address: 390 FAIRHAVEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: S (X) Delete
Name: MARIN, BETTY
Address: 20326 LADNER AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL ALVARADO

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date