## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2004 8:00 am Secretary of State DOCUMENT # P00000095660 1. Entity Name 05-03-2004 91065 033 \*\*\*150 00 TWERASER REALTY INC. Principal Place of Business Mailing Address 800 EAST CYPRESS CREEK ROAD 800 EAST CYPRESS CREEK ROAD SUITE 201 SUITE 201 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1053800 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TWEASER ENTERPRISES INC. Street Address (P.O. Box Number is Not Acceptable) 800 E CYPRESS CREEK RD #201 FORT LAUDERDALE FL 33326 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change Addition MINEO, RICHARD NAME NAME STREET ADDRESS 3610 LLOYD DR STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME AUMUELLER, URSULA NAME 1600 C. OCEAN LANE #126 100 N GORDON RD STREET ADDRESS STREET ADDRESS FT. CHUDERDAGE, FL 33116 FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP

ING OFFICER OR DIRECTOR

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementations in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employed 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 a supplementation of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employed.

**FILED**