

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000061899

FILED
Nov 12, 2004
Secretary of State

Entity Name: TWO & TWO INTERNATIONAL BRAND CORP.

Current Principal Place of Business:

4500 N HIATUS RD
#209
SUNRISE, FL 33351

New Principal Place of Business:

108 GABLES BLVD.
WESTON, FL 33326

Current Mailing Address:

4500 N HIATUS RD
#209
SUNRISE, FL 33351

New Mailing Address:

108 GABLES BLVD.
WESTON, FL 33326

FEI Number: 65-1118427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIDAD, BEATRIZ
9349 ARBORWOOD CIRCLE
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

CIDAD, BEATRIZ
108 GABLES BLVD.
WESTON, FL 33326 US

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: BEATRIZ CIDAD

11/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CIDAD, BEATRIZ
Address: 9349 ARBORWOOD CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: OD () Delete
Name: CIDAD, CARMEN
Address: 2567 CORDOBA BEND
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CIDAD, BEATRIZ
Address: 108 GABLES BLVD.
City-St-Zip: WESTON, FL 33326

Title: OD (X) Change () Addition
Name: CIDAD, CARMEN
Address: 2543 CORDOBA BEND
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEATRIZ CIDAD

VD

11/12/2004

Electronic Signature of Signing Officer or Director

Date