

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90028 042 ***158.75

DOCUMENT # P01000074338

1. Entity Name

TWINS HOLDINGS (USA), CORPORATION



Principal Place of Business

44606 20TH WEST
LANCASTER FL 93534

Mailing Address

44606 20TH STREET WEST
LANCASTER CA 93534

04020403

2. Principal Place of Business

44444 AVENIDA DEL SOL

Suite, Apt. #, etc.

3. Mailing Address

44444 AVENIDA DEL SOL

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LANCASTER CA

City & State

LANCASTER CA

4. FEI Number

06-1639756

Applied For

Not Applicable

Zip

93535

Country

USA

Zip

93535

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

03/16/2004
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LIM, JESUS EMMANUEL J
STREET ADDRESS 44606 20TH STREET WEST
CITY-ST-ZIP LANCASTER CA 93534

TITLE EVP ☐ Delete
NAME LIM, MARDIE B
STREET ADDRESS 44606 20TH STREET WEST
CITY-ST-ZIP LANCASTER CA 93534

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 43759 GROSSMAN AVENUE
CITY-ST-ZIP LANCASTER CA 93534

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 43759 GROSSMAN AVENUE
CITY-ST-ZIP LANCASTER CA 93534

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/2004 (641) 2347985
DATE Daytime Phone #