


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 014 ***158.75

DOCUMENT # P01000113618	
1. Entity Name TWIN NURSING CORP.	

Principal Place of Business 7729 WEST 34TH COURT HIALEAH FL 33018	Mailing Address 7729 WEST 34TH COURT HIALEAH FL 33018
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2. Principal Place of Business 7301 SW 132 AVE	3. Mailing Address 7301 SW 132 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI	City & State MIAMI
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Zip FL	Country 33183	Zip FL	Country 33183
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6. Name and Address of Current Registered Agent PILOTO, MELVYS 7729 WEST 34TH COURT HIALEAH FL 33018	7. Name and Address of New Registered Agent Name: PILOTO MELVYS Street Address (P.O. Box Number is Not Acceptable) 7301 SW 132 AVE City: MIAMI FL Zip Code: 33183
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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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME PILOTO, MELVYS <input type="checkbox"/> Delete	TITLE	NAME PILOTO MELVYS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7729 WEST 34TH COURT	CITY-ST-ZIP HIALEAH FL 33018	STREET ADDRESS 7301 SW 132 AVE	CITY-ST-ZIP MIAMI FL 33183
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE 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: Melvys Piloto 03/03/2004 (305) 383-2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #