

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000022636

1. Entity Name
TWO PINE PROPERTIES, INC.



Principal Place of Business
2 SOUTH BISCAYNE BLVD.
SUITE 2630
MIAMI, FL 33131 US

Mailing Address
2 SOUTH BISCAYNE BLVD.,
SUITE 2630
MIAMI, FL 33131 US



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0048018

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNLIMITED SOURCE MARKETING COMPANY
2 SOUTH BISCAYNE BLVD.
SUITE 2630
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000001467532
03/23/06-80054-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FENYO, GYORGY
STREET ADDRESS	VERECKE U 37
CITY-ST-ZIP	BUDAPEST, HU 1025
TITLE	D
NAME	FENYO, GYORGYNE
STREET ADDRESS	VERECKE U 37
CITY-ST-ZIP	BUDAPEST, HU 1025
TITLE	S
NAME	COLLINS, CHRISTINA
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., STE. 2630
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] FENYO, GYORGY

10/03/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #