## \*2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

*2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)									FILED Apr 30, 2003 8:00 am Secretary of State				
DOCUMENT # P02000043790  1. Entity Name							Secretary of Sta						
TWERY ASSOCIATES, INC.													
Principal Place 1632 PENNSY MIAMI BEACH	'LVANIA AVEN		Mailing Address 1632 PENNSYLVANIA AVENUE MIAMI BEACH FL 33139					, ,	######################################	<b>u p</b> ian <b>40</b> 000 <b>u p</b> ino <b>4</b>	<b>1888</b> (1881 <b>188</b> 18	FB1117 BB41 F\$B1	
2. Principal F	Place of Busin	3. Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	ie		City &			4. FEI Number 43-959088 Applied For Not Applicable							
Zip	Country		Zip			Country			cate of Status Desired	<u> </u>	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
Robins, Craig 1632 Pennsylvania avenue					Street A	et Address (P.O. Box Number is Not Acceptable)							
MIAMI BEACH FL 33139									<u> </u>				
						City				FL	Zip Code	e	
		y submits this statement fo	the purpos	se of changing its	registere	ed office o	registere	ed agent, c	or both, in the State of	Florida. I am f	amiliar with,	and accept	
the obligations of registered agent.  SIGNATURE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9	. Election Campaign I Trust Fund Contribu	~ ~		<b>0</b> May Be to Fees	
10.		OFFICERS AND	DIRECTORS	3	11.			ADDITIO	ONS/CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	D Robins, ( 1632 Peni	NSYLVANIA AVENUE		☐ Delete		ET ADDRESS	BP 163	0) v 5	Crais	vanie	X Dhange	☐ Addition	
CITY-ST-ZIP	MIAMI BEA	ACH FL 33139			_	-ST-ZIP	10	<u> </u>	· Beau	L, FL	<u> 33</u>	139	
NAME STREET ADDRESS				☐ Delete		ET ADDRESS	Grek 1632	enste L'énv	IN, Steven neylvania Brach, Fi	Avenue	☐ Change	Addition	
CITY-ST-ZIP				□ Delete	CITY-	·ST-ZIP	7111	11 115	SCAUN, FL.	03134	☐ Change	☐ Addition	
NAME STREET ADDRESS		•		Delete	NAME STREE						onlings		
CITY-ST-ZIP TITLE NAME			<del>_</del>	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			_		STREE	ET ADDRESS ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP					J	ET ADDRESS ST-ZIP							
TITLE NAME		<u> </u>		☐ Delete	TITLE NAME				<del>-</del>	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				/	CITY-	T ADDRESS ST-ZIP							
<ol> <li>I hereby of indicated of the corp changed,</li> </ol>	ertify that the on this report poration or th or on an atta	information sub lied with tor supplemental econ is e receiver or trustee amb chment with an adde s	this filing do true and ac wered to ex the sheet	es not qualify for curate and that m ecute this report a like empowered.	the exer ny signati as requir	nption stat ure shall ha ed by Cha	ed in Sec ave the sa pter 607,	tion 119.0 ame legal e Florida Sta	7(3)(i), Florida Statutes effect as if made unde atutes; and that my nai	s. I further cert r oath; that I a me appears in	ify that the in m an officer Block 10 or	formation or director Block 11 if	

SIGNATURE: