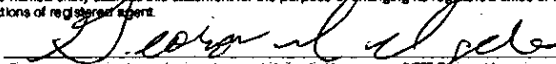
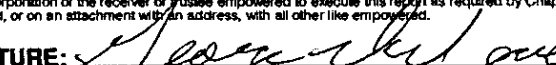


FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90193 006 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047144			
1. Entity Name TWIN MARKETING INC.			
Principal Place of Business 2000 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162		Mailing Address 2000 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 7990 SW 17th Ave Suite, Apt. #, etc.		3. Mailing Address 5229 Cleveland St Suite, Apt. #, etc.	
City & State Miami, FL		City & State Hollywood, FL	
Zip 33183		Zip 33021	
Country USA		Country USA	
4. FEI Number 03-0446990		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired	
		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, GEORGE BOBBY 2000 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162		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 		5-16-03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DELGADO, GEORGE BOBBY 2000 NORTHEAST 164TH STREET NORTH MIAMI BEACH, FL 33162			
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	
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 employed.			
SIGNATURE 		5-16-03	
Signature, typed or printed name of signing officer or director		Date	

CP2E034 (10/02)