


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90030 007 \*\*\*150.00

**DOCUMENT # P02000055233**

1. Entity Name  
**TWINS WASH WORLD, INC.**



Principal Place of Business  
**4911 JEFFERSON STREET  
 HOLLYWOOD, FL 33021**

Mailing Address  
**4911 JEFFERSON STREET  
 HOLLYWOOD, FL 33021**

**94040290**



2. Principal Place of Business  
**5750 NW 27 AV**

3. Mailing Address

Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI FL**

City & State

4. FEI Number  
**01-0697340**

Applied For  
 Not Applicable

Zip  
**33142**

Country  
**USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**EDWARDS, RICK  
 315 SE 7TH ST 1ST FL  
 FT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name  
**Rick Edwards**

Street Address (P.O. Box Number is Not Acceptable)  
**4911 Jefferson St**

City  
**Hollywood FL** Zip Code  
**33021**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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	DP <input type="checkbox"/> Delete <b>EDWARDS, RICK 315 SE 7TH ST 1ST FL FT LAUDERDALE, FL 33301</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DP Rick Edwards 4911 Jefferson St Hollywood FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rick Edwards* **Rick Edwards** 3-25-04 954-964-7510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #