2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90064 034 ***150.00

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1. Entity Name
TWINS PROCESSING CORP.

Principal Place of Business	Mailing Address
175 FONTAINEBLEAU BLVD SUITE 1-C MIAMI, FL 33175	175 FONTAINEBLEAU BLVD SUITE 1-C MIAMI, FL 33175

44005916

01282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
175 Fontainebleau Blvd	
Suite, Apt. #, etc.: Suite 1-C	Suite, Apt. #, etc.: Same
City & State: Miami Fl	City & State
Zip: 33172 Country: Dade	Zip / Country

4. FEI Number: 74-3045132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IRIZARRY, JESUS R 2602 SW 140 AVE MIAMI, FL 33185	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 [signature] (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 1-26-04

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	P GARCIA, BARBARA 2602 SW 140 AVE MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2602 SW 140 Ave Miami Fl. 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GARCIA, CARMEN G 2602 SW 140 AVE MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2602 SW 140 Ave Miami Fl. 33175
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1-26-04 — Daytime Phone # 305-2267631