

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055889

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: TWINS PROCESSING CORP.

## Current Principal Place of Business:

175 FONTAINEBLEAU BLVD  
SUITE 1-C  
MIAMI, FL 33175

## New Principal Place of Business:

## Current Mailing Address:

175 FONTAINEBLEAU BLVD  
SUITE 1-C  
MIAMI, FL 33175

## New Mailing Address:

FEI Number: 74-3045132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IRIZARRY, JESUS R  
2602 SW 140 AVE  
MIAMI, FL 33185      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARCIA, BARBARA  
Address: 2602 SW 140 AVE  
City-St-Zip: MIAMI, FL 33175

Title: VS ( ) Delete  
Name: GARCIA, CARMEN G  
Address: 2602 SW 140 AVE  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN G IRIZARRY

PRES

07/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date