


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000065517 1. Entity Name TWEEDSIDE SUPPLY EXPORT (U.S.A.), INC.	
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Principal Place of Business 848 BRICKELL AVE, STE 1040 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVE, STE 1040 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0627189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHARCHAT, STEVEN M ESQ. 848 BRICKELL AVE, STE 1040 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, CHRISTOPHER C/O 848 BRICKELL AVE, STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GIBBS, LORON E 848 BRICKELL AVE., SUITE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, MATTHEW C/O 848 BRICKELL AVE, STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, NICHOLAS C/O 848 BRICKELL AVE, STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BROWNE, CHARMAINE C/O 848 BRICKELL AVE STE 1040 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000331897
04/26/05-80035-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **LORON GIBBS** **AUG 15, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #