

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000065517

1. Entity Name
TWEEDSIDE SUPPLY EXPORT (U.S.A.), INC.



Principal Place of Business
**848 BRICKELL AVE, STE 1040
MIAMI, FL 33131**

Mailing Address
**848 BRICKELL AVE, STE 1040
MIAMI, FL 33131**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0627189

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

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 retreating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GIBBS, CHRISTOPHER
STREET ADDRESS C/O 848 BRICKELL AVE, STE 1040
CITY - ST - ZIP MIAMI, FL 33131

TITLE DPS
NAME GIBBS, LORON E
STREET ADDRESS 848 BRICKELL AVE., SUITE 1040
CITY - ST - ZIP MIAMI, FL 33131

TITLE D
NAME GIBBS, MATTHEW
STREET ADDRESS C/O 848 BRICKELL AVE, STE 1040
CITY - ST - ZIP MIAMI, FL 33131

TITLE D
NAME GIBBS, NICHOLAS
STREET ADDRESS C/O 848 BRICKELL AVE, STE 1040
CITY - ST - ZIP MIAMI, FL 33131

TITLE VPT
NAME BROWNE, CHARMAINE
STREET ADDRESS C/O 848 BRICKELL AVE STE 1040
CITY - ST - ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000418755
02/14/06-80020-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(LORON E. GIBBS) 1/9/06 c/o (305) 358 8005