


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000084984</b>		
1. Entity Name <b>TWINVIEW REALTY CORP.</b>		
Principal Place of Business <b>C/O LOPEZ &amp; ROMERO, A.P.C. 551 FIFTH AVE STE 417 NEW YORK, NY 10176</b>	Mailing Address <b>C/O LOPEZ &amp; ROMERO, A.P.C. 561 FIFTH AVE. STE. 417 NEW YORK, NY 10176</b>	



05312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0525828</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOPEZ, EDUARDO F 551 FIFTH AVE STE 417.P.C. NEW YORK, NY 10176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LOPEZ, MARTA E 551 FIFTH AVE STE 417.P.C. NEW YORK, NY 10176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D ROMERO, LUIS 551 FIFTH AVE STE 417.P.C. NEW YORK, NY 10176</b>
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06/12/07-80004-025 550.00

**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

*Luis Alfredo Romero*

5/31/07

(212) 661-3691

Date

Daytime Phone