


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000105405
 1. Entity Name
 TWOMATOS, INC.



| | |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business 16260 SW 81ST ST MIAMI, FL 33193 | Mailing Address 16260 SW 81ST ST MIAMI, FL 33193 |
|--------------------------------------------------------------------|--------------------------------------------------------|



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 54-2078060 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MATO, ARMANDO M
 16260 SW 81ST ST
 MIAMI, FL 33193

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 | MATO, ARMANDO M |
| STREET ADDRESS | 16260 SW 81 ST |
| CITY-ST-ZIP | MIAMI, FL 33193 |
| TITLE | D |
| NAME | MATO, MARIAM |
| STREET ADDRESS | 16260 SW 81 ST |
| CITY-ST-ZIP | MIAMI, FL 33193 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

00000810551
 04/23/06-80005-021 150.00

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:  _____ Date: 4/12/06 Daytime Phone #: 305-968-2057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR