


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000021484</b> 1. Entity Name <b>TWO ELLE, INC</b>	
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Principal Place of Business <b>313 WORTH AVE PALM BEACH, FL 33480</b>	Mailing Address <b>313 WORTH AVE PALM BEACH, FL 33480</b>
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**DO NOT WRITE IN THIS SPACE**

01242008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>06-1680056</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

**J. DAVID PENA, P.A.  
701 BRICKELL AVE  
SUITE 1650  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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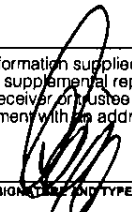
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUZMAN, DOMINGO J 313 WORTH AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUZMAN DE FRUTOS, LILIA LOPEZ D 313 WORTH AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BETANCOURT, LEOPOLDO A 313 WORTH AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000860016  
04/02/08-80046-010-150.00

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 #