

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90182 036 \*\*\*150.00

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|--|--|---|--|
| <b>DOCUMENT # P03000026410</b>   |  |   |  |
| <b>1. Entity Name</b><br>TWIN LAKE ENTERPRISES, INC.   |  |   |  |
| <b>Principal Place of Business</b><br>801 BRICKELL AVENUE, SUITE 1580<br>MIAMI, FL 33131   |  | <b>Mailing Address</b><br>801 BRICKELL AVENUE, SUITE 1580<br>MIAMI, FL 33131  |  |
| <b>2. Principal Place of Business</b><br>520 Brickell Key Dr.<br>Suite, Apt. #, etc. <u>Suite 0-305</u><br>City & State <u>Miami FL</u><br>Zip <u>33131</u> Country <u>USA</u>   |  | <b>3. Mailing Address</b><br>520 Brickell Key Dr.<br>Suite, Apt. #, etc. <u>Suite 0-305</u><br>City & State <u>Miami FL</u><br>Zip <u>33131</u> Country <u>USA</u>  |  |
| <b>4. FEI Number</b><br>NOT APPLICABLE   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>NS CORPORATE SERVICES INC.<br>801 BRICKELL AVENUE, SUITE 1580<br>MIAMI, FL 33131   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Transglobal Corporate Administration LLC</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>520 Brickell Key Dr.</u><br><u>Suite 0-305</u><br>City <u>Miami</u> FL <u>33131</u> |  |
| <b>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.</b><br>SIGNATURE <u>[Signature]</u> <u>Samuel P. Haven</u> <u>4/11/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PINTO GONCALVES, PAULO F<br>801 BRICKELL AVE, SUITE 1580<br>MIAMI, FL 33131     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>Stephen Freeman<br>520 BRICKELL KEY DRIVE - Suite 0-305<br>Miami, FL 33131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PINTO GONCALVES, GUILHERME M<br>801 BRICKELL AVE, SUITE 1580<br>MIAMI, FL 33131 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| <b>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 persons empowered.</b> |  |   |  |
| <b>SIGNATURE:</b> <u>[Signature]</u> <u>Stephen Freeman</u> <u>04/19/06</u> <u>305-3743800</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |