

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90020 036 \*\*\*150.00

**DOCUMENT # P04000044603**

1. Entity Name

TWERASER FINANCIAL GROUP, INC.



Principal Place of Business

800 E. CYPRESS CREEK ROAD  
# 201  
FT. LAUDERDALE FL 33334

Mailing Address

800 E. CYPRESS CREEK ROAD  
# 201  
FT. LAUDERDALE FL 33334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 300

Suite, Apt. #, etc.

# 300

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0882319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TWERASER, WOLFGANG  
3055 HARBOR DRIVE  
# 903  
FT. LAUDERDALE FL 33316

Name **WOLFGANG TWERASER**

Street Address (P.O. Box Number is Not Acceptable)  
**800 E. CYPRESS CREEK RD # 300**

City **FT. LAUDERDALE**

FL

Zip Code **33334**

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 reinstating)

DATE

3/24/6

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **TWERASER, WOLFGANG**  
STREET ADDRESS **3055 HARBOR DRIVE, # 903**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **800 E. CYPRESS CREEK RD # 300**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/24/6

Date

PM-556-2605

Daytime Phone #