

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90277 023 ***150.00

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02252006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000083890 1. Entity Name TWIN FLOWERS, INC.					
Principal Place of Business 1421 W SANDPIPER CIRCLE PEMBROKE PINES, FL 33036			Mailing Address 1421 W SANDPIPER CIRCLE PEMBROKE PINES, FL 33036		
2. Principal Place of Business 1611 NW. 115 AVE. Suite, Apt. #, etc.		3. Mailing Address 1611 NW. 115 AVE. Suite, Apt. #, etc.		4. FEI Number 20-1180076 Applied For <input type="checkbox"/> Not Applicable	
City & State PEMBROKE PINES, FLORIDA		City & State PEMBROKE PINES, FLORIDA			
Zip 33026		Zip 33026			
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUEVARA, ENRIQUE 630 S STATE ROAD 7 MARGATE, FL 33068				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROANO, LUIS 1421 W SANDPIPER CIRCLE PEMBROKE PINES, FL 33036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PROANO LUIS 1611 NW 115 AVE. PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAICEDO, NELLY 1421 W SANDPIPER CIRCLE PEMBROKE PINES, FL 33036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NELLY CAICEDO 1611 NW 115 AVE. PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Nelly Caicedo Du.</u> NELLY CAICEDO DU.			Date: <u>4/11/06</u> 4/11/06 Daytime Phone #: <u>(954) 322-1076</u> (305) 498-8910		