2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

	Aititori						ccicia	LI Y U	\mathbf{I}	au		
DOCUMENT # P04000131240 1. Entity Name TWO SUB GUYS #1, INC.							04-02-2007 9	_				
Principal Place	e of Business	Mailing Address		,								
801 S UNIVERSITY DRIVE 801 S UNIVERSITY DRIVE												
C-139 C-139												
PLANTATION, FL 33324 PLANTATION, FL 33324						6 1 8 8 (2 8 8 1 1 1 1 1	TIN TIDII OTIN TENI FTI	EN HIBRON ANIAN ANIA	ID 11874 SAUK BUI	188 1 11 1 88 3		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03132007	Chg-P	CR2E03	34 (12/06)			
City & State	е	City & State				4. FEI Number			———	plied For		
Zip Country		Zip	itry		20-1992			No. 1 No. 18.75 Add	t Applicable			
,	,		}	,			of Status Desired		Fee Required	1		
	6. Name and Address of Current	t Registered Agent		Name	.	7. Name and	Address of New R	egistered A	igent			
DICKENS,	BRIAN M PRES											
	13208 NW 8TH LANE MIAMI, FL 33182					Street Address (P.O. Box Number is Not Acceptable)						
IVIIZAVII, I L	55102											
				City	•••			FL	Zip Code	→		
	named entity submits this statement f	ed office or	register	ed agent, or both	, in the State of Flo		amiliar with,	and accept				
the obligat	ions of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
	Signatore, typed or primed name of registered agen	галолие и аррикание. (1907)	rr negistere	CI AGHIRI SIGNALI	ore required	when sainstaing)		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing		00 May Be ed to Fees						
10.	OFFICERS AND	DIRECTORS	11.		· · · · · · · · · · · · · · · · · · ·		CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11		
TITLE	PICKENS BRIANNA	☐ Delete	TITU		P,	ľ, S, D kens, Bri	ian M		X Change	Addition		
NAME STREET ADDRESS	DICKENS, BRIAN M 13208 NW 8TH LANE		NAM	ET ADDRESS		08 N.W. 8						
CITY-ST-ZIP	MIAMI, FL 33182			-ST-ZIP		mi, FL 33						
TITLE	V	XI Delete	TIIL	Ł	1114.	<u></u>	,102		Change	☐ Addition		
NAME	DAVISON, WILLIAM		NAM									
STREET ADDRESS CITY-ST-ZIP	813 NW 9TH AVE			ET ADDRESS	,							
TITLE	DANIA, FL 33004	□ Delete	TIIL	'- ST- ZIP	-	••••			☐ Change	☐ Addition		
NAME		□ Delete	NAM							Addition		
STREET ADDRESS			STR	EET AODRESS								
CITY-ST-ZIP			CITY	-ST-ZIP								
TITLE		☐ Delete	TITL						☐ Change	Addition		
NAME STREET ADDRESS			NAM									
CITY-ST-ZIP				ET AUDRESS -ST-ZIP								
THILE		☐ Delete	TITL	E					☐ Change	Addition		
NAME			NAM									
STREET ADDRESS CITY-ST-ZIP				EET ADORESS ST-ZIP								
TITLE		☐ Delele			· · · · · · · · · · · · · · · · · · ·				Channe	□ Addiss=		
NAME		□ Delete	TITL						☐ Change	Addition		
STREET ADDRESS				EET ADDRESS								
CITY-ST-ZIP	İ		TITY .	- CT_ 7IP	1							

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 employeered 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 attagrifyent with an address, with all other like empowered.

SI	GI	JΔ	TI	ĴΕ	RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian M. Dickens

(954) 318-7827

Date

Daytime Phone #