## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 11, 2006 8:00 am Secretary of State **DOCUMENT # P05000107079** 1. Entity Name TWINS USA ENTERPRISES INC. 04-11-2006 90105 034 \*\*\*158.75 Principal Place of Business Mailing Address 6816 SIENNA CLUB DR. 6816 SIENNA CLUB DR. LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 2. Principal Place of Business 3. Mailing Address 1083 IMPERIAL LAKE Rd 1083 IMPERIAL CAKE RA Suite, Apt. #, etc. Suite, Apt. #, etc 03222006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For west Palm west by Beach 20-3242596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ろろりろ POLIM BROCK Lam Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESPINOSA, NESTOR 6816 SIENNA CLUB DR. Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL, FL 33319 City 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 d applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$450.00 \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition ESPINOSA, NESTOR NAME MARKE ESPINOSA, NESTOR 1083 IMPÉRIAL LAKE RO STREET ADDRESS 6816 SIENNA CLUB DR. STREET ADDRESS CITY - ST - ZiP LAUDERHILL, FL 33319 CITY-ST-ZIP west rum beach fl. 33413 VΡ TITLE ☐ Delete TITLE **Change** Addition CASTANEDA, ELIZABETH CASHANEDO, ECIZABETH NAME NAME STREET ADDRESS 6816 SIENNA CLUB DR. BB3 IMPERIAL CAME Rd WEST PRIM BOOKH FC, 37413 STREET ADDRESS LAUDERHILL, FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FICER OR DIRECTOR

FILED

Daytime Phone #