
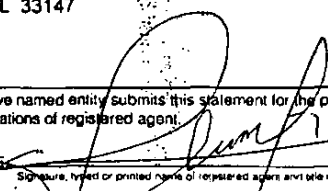
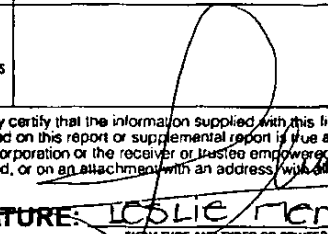


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-14-2007 90071 003 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000042599			
1. Entity Name TWINS TRANSPORT SERVICE, INC.			
Principal Place of Business 9294 NW 32 CT MIAMI, FL 33147		Mailing Address 9294 NW 32 CT MIAMI, FL 33147	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7105 SW 8 STREET	
Suits, Apt. #, etc.		Suite, Apt. #, etc. 306	
City & State		City & State MIAMI, FLORIDA	
Zip	Country	Zip	Country
		33144	DC DC
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MENEDEZ, LESLIE I 9294 NW 32 CT MIAMI, FL 33147		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:  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD MENEDEZ, LESLIE I 9294 NW 32 CT MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENEDEZ, FRANKLIN 9294 NW 32 CT MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 or other like, empowered.			
SIGNATURE:  LESLIE MENEDEZ		04.27.07 (305)2263443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66018500



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4582264 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENEDEZ, LESLIE I 9294 NW 32 CT MIAMI, FL 33147 <input type="checkbox"/> Delete
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SIGNATURE:  LESLIE MENEDEZ 04.27.07 (305)2263443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date