

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 010 ***150.00

DOCUMENT # P06000043261

1. Entity Name
TWENTY PERCENT, INC.



Principal Place of Business
**18071 BISCAYNE BLVD
1904
AVENTURA, FL 33160**

Mailing Address
**18071 BISCAYNE BLVD
1904
AVENTURA, FL 33160**

2. Principal Place of Business - No P.O. Box #

18071 BISCAYNE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

1904

Suite, Apt. #, etc.



04212007

Chg-P

CR2E034 (12/06)

City & State

AVENTURA, FL

City & State

4. FEI Number

56-2589521

Applied For

Not Applicable

Zip
33160

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOSEPH, ROSE V
18071 BISCAYNE BLVD
1904
AVENTURA, FL 33160**

7. Name and Address of New Registered Agent

Name

NONE

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

Rose V. Joseph

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-07

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JOSEPH, ROSE V**
STREET ADDRESS **18071 BISCAYNE BLVD**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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 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:

Rose V. Joseph

Rose V. Joseph

4/20/07

(954)

317-8294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #