## 2008 FOR PROFIT CORPORATION

## May 07, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000074295** 05-07-2008 90104 042 \*\*\*158.75 1. Entity Name TWINS CARRIER, INC. Principal Place of Business Mailing Address 16430 BRISTOL LAKE CIRCLE 16430 BRISTOL LAKE CIRCLE ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05042008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4997342 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANGUSTIA M, PEDRO 16430 BRISTOL LAKE CIRCLE ORLANDO, FL 32828 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME **BALBUENA, OSCAR** NAME STREET ADDRESS 16430 BRISTOL LAKE CIRCLE STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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