

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **P08000019273**

1. Entity Name

**TWINS LUXURY GROUP, INC**



FILED

11 MAY 23 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**9150 Runnymede Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**9150 Runnymede Rd.**

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

Applied For  
Not Applicable

Zip

**32257**

Country

**USA**

Zip

**32257**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Julio Cardona**

Street Address (P.O. Box Number is Not Acceptable)

**9150 Runnymede Rd.**

City

**Jacksonville**

FL

Zip Code

**32257**

**DO NOT WRITE  
IN THIS SPACE**

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

*Julio Cardona*

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

(NOTE: Registered Agent signature required when re-instating)

**5/10/2011**

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**LUZ CARDONA, PRESIDENT  
9150 Runnymede Rd.  
Jacksonville, FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15, F.S.

SIGNATURE:

*Julio Cardona* **Julio Cardona Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/11/2011**

DATE

**9045885330**

Daytime Phone #

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IN THIS SPACE**