FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 09000043387

1. Entity Name

Twin Express Corp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 22 PM 1:55

DO NOT WRITE IN THIS SPACE

800180504608
05/06/10--01041--025 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3920 SW Wycoff St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL.	City & State
Zip: 34953 Country: USA	Zip Country

4. FEI Number 27-0195781 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Yenisleidy Martinez

Street Address (P.O. Box Number is Not Acceptable): 3920 SW Wycoff street

City: Port St. Lucie FL Zip Code: 34953

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: YM Yenisleidy Martinez 04-30-010

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	YENISLEIDY MARTINEZ	NAME	
STREET ADDRESS	3920 SW WYCOFF ST	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: YM Yenisleidy Martinez 04-30-010 772-834 1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #