

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043387

Entity Name: TWIN EXPRESS CORP

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3920 SW WYCOFF STREET  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

3920 SW WYCOFF STREET  
PORT ST LUCIE, FL 34953 US

**New Mailing Address:**

FEI Number: 27-0195781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, YENISLEIDY  
3920 SW WYCOFF STREET  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINEZ, YENISLEIDY  
Address: 3920 SW WYCOFF STREET  
City-St-Zip: PORT ST LUCIE, FL 34953 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YENISLEIDY MARTINEZ

PD

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date