


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000042547

1. Entity Name
TWO BUILDINGS CORPORATION



Principal Place of Business 6465 W 24 AVE APT 101 HIALEAH, FL 33016	Mailing Address PO BOX 161387 HIALEAH, FL 33016
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04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0502675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**MACHADO, LUIS
 6465 W 24 AVE
 APT 101
 HIALEAH, FL 33016**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

11. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHADO, CEFERINO PO BOX 161387 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MACHADO, LUIS P.O. BOX 161387 HIALEAH, FL 33016
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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: *Ceferino Machado* **CEFERINO MACHADO** 4-18-06 305-823-3030
Signature and typed or printed name of signing officer or director Date Daytime Phone #