


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000025299	
1. Entity Name TWIN'S UPHOLSTERY AND FURNITURE MANUFACTURER, INC.	

Principal Place of Business 756 NW 27TH AVENUE FORT LAUDERDALE, FL 33311	Mailing Address 756 NW 27TH AVENUE FORT LAUDERDALE, FL 33311
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06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0568657	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 CONTRERAS, MAURICIO D 611 NE 61 STREET FT. LAUDERDALE, FL 33334

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT CONTRERAS, MAURICIO D 611 NE 61 STREET FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS CONTRERAS, EDGAR 1384 S.W. 24TH AVE. FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000171045 08/27/04-80003-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	8/23/04 (954) 791-0744
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>