

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


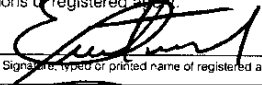
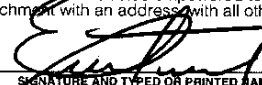
Amended  
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05 DEC -5 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11182005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0568657	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTRERAS, MAURICIO D 611 NE 61 STREET FT. LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name: EDGAR CONTRERAS Street Address (P.O. Box Number is Not Acceptable): 1384 SW 24TH AVENUE City: FORT LAUDERDALE FL Zip Code: 33312		
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:  DATE: 11/29/05					
(NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CONTRERAS, MAURICIO D 611 NE 61 STREET FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CONTRERAS, EDGAR 1384 SW 24TH AVE FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS CONTRERAS, EDGAR 1384 S.W. 24TH AVE. FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MAURICIO D. CONTRERAS 611 NE 61 STREET FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900061916489 12/05/05--01070--013 ***70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  DATE: 11/28/05 954-791-0744					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					