

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000034033	
1. Entity Name TWIN EAGLE U.S.A., INC.	
Principal Place of Business 12981 S.W. 137 AVE #383 MIAMI, FL 33186	Mailing Address 12981 S.W. 137 AVE #383 MIAMI, FL 33186



05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAUER, JOHN
12981 S.W. 137 AVE
#383
MIAMI, FL 33186

**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

John Bauer
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

MAY 2 06
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000562911
05/19/06-80074-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAUER, JOHN 12981 SW 137 AVE # 383 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BAUER, JOHN V 12981 S.W. 137 AVE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 2 06
Date

Date

Daytime Phone #

786-515-7244