

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90005 026 ***150.00

DOCUMENT # P97000086356

1. Entity Name
TWILIGHT ENTERTAINMENT, INC.



Principal Place of Business

201 ALHAMBRA CIRCLE
SUITE 601
MIAMI, FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 601
MIAMI, FL 33134



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0795633

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESTER, PAUL A ESQ
201 ALHAMBRA CIRCLE
SUITE 601
MIAMI, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
BLOOMGARDEN, JOAN
1045 5TH STREET
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/04 305357-1001

Attachment

524063175-
P97000086356

TWILIGHT ENTERTAINMENT, INC.

July 14, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

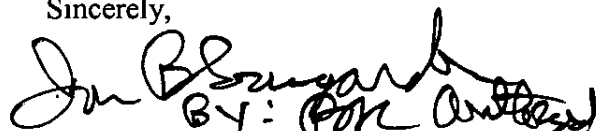

Gentlemen:

Please be advised that our office did not receive the notification for the annual report for Twilight Entertainment, Inc. or any other notification from the Secretary of State.

Attached is the revised Annual Report printed from your website together with our check in the sum of \$150.00, representing the annual fees.

Thanking you for our cooperation concerning this matter and if you have any questions, please call us at: 305-357-1001.

Sincerely,


By: 
Joan Bloomgarden, President 