

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50185

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: TWO GUYS ENTERPRISES, INC.

## Current Principal Place of Business:

4137 NW 135 ST  
MIAMI, FL 33054 US

## New Principal Place of Business:

## Current Mailing Address:

4137 NW 135 ST  
MIAMI, FL 33054 US

## New Mailing Address:

FEI Number: 65-0262133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAFFA, RAFFAELE  
4137 NW 135 CT  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: RAFFA, RAFFAELE  
Address: 4155 N.W. 135TH STREET, B-U-2  
City-St-Zip: MIAMI, FL 33054

Title: P ( ) Delete  
Name: RAFFA, CARMELA  
Address: 4137 NW 135 CT  
City-St-Zip: OPA LOCKA, FL 33054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: RAFFA, RAFFAELE  
Address: 4137 NW 135 ST  
City-St-Zip: MIAMI, FL 33054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMELA RAFFA

P

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date