

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 015 \*\*\*150.00

<b>DOCUMENT # S84831</b> 1. Entity Name <b>THE TWINS PRINTING, INC.</b>					
Principal Place of Business <b>5826 DEWEY STREET</b> <b>HOLLYWOOD, FL 33023 US</b>			Mailing Address <b>5826 DEWEY STREET</b> <b>HOLLYWOOD, FL 33023 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0290393</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARIAS, EMILIO</b> <b>5826 DEWEY STREET</b> <b>HOLLYWOOD, FL 33023</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARIAS, EMILIO</b> <b>5826 DEWEY ST</b> <b>HOLLYWOOD, FL 33023</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARIAS, MILADYS</b> <b>5826 DEWEY ST</b> <b>HOLLYWOOD, FL 33023</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Emilio Barias</u> <span style="float: right;">5.30-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

# ATTACHMENT

40109486

Florida Department of State  
Division of Corporations  
P. O.Box 8700  
Tallahassee, Florida 32314

Re: Corp. Annual Report/ Document # S84831

Hereby please find enclosed our check # 5282 in the amount of \$150.  
Because we had been waiting for the form we had requested with the  
postcard and it has not been received yet.

Therefore we are sending a photocopy of the form along with the check done timely but  
as per the instructions of not send the check with it we had also wait for the 28 days of  
delay mentioned in the same card.

At that point we were forced to travel out of town due to a family sickness. And just  
returned.

Thus very respectfully we are requesting to waive any penalty that it might derive from it.  
If any, and forgive any inconvenience it may caused.

Sincerely yours,

*Emilio Barias*

Emilio Barias

President.

The Twins Printing, Inc.  
5826 Dewey Street  
Hollywood, Florida 33023