


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # V09033
 1. Entity Name
RED'S TWINS' CAFE INC.



Principal Place of Business _____ Mailing Address _____
2801 E. HILLSBOROUGH AVENUE **PO BOX 8265**
TAMPA, FL 33610 **TAMPA, FL 33674 US**

DO NOT WRITE IN THIS SPACE



08172005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0298478 | 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
CAMPISI, ROSE
1910 E PALM AVE
TAMPA, FL 33608

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: Rose Campisi DATE: 8-18-05
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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 | P CAMPISI, ROSE 1011 E. FERN ST. TAMPA, FL 33604 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ALAMO, JENNIFER 1528 HIGH KNOLL DR BRANDON, FL 33685 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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 08/22/05-80003-007 150.00

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: Rose Campisi ROSE CAMPISI DATE: 8-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #