

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084128

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: 3 TIMES, INC.

**Current Principal Place of Business:**

8795 NW 27TH AVE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 381219  
MIAMI, FL 33238

**New Mailing Address:**

FEI Number: 65-1141910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALPHONSE, WOODY  
8795 NW 27TH AVE  
MIAMI, FL 33147 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ALPHONSE, WOODY  
Address: 8795 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33147

Title: PD  
Name: WOODY ALPHONSE, WOODY  
Address: 111 NW 79 ST  
City-St-Zip: MIAMI, XX 33150

Title: PD  
Name: WOODY ALPHONSE, WOODY  
Address: 111 NW 79 ST  
City-St-Zip: MIAMI, XX 33150

Title: PD  
Name: WOODY ALPHONSE, WOODY  
Address: 111 NW 79 ST  
City-St-Zip: MIAMI, XX 33150

Title: PD  
Name: WOODY ALPHONSE, WOODY  
Address: 111 NW 79 ST  
City-St-Zip: MIAMI, XX 33150

Title: PD  
Name: WOODY ALPHONSE, WOODY  
Address: 111 NW 79 ST  
City-St-Zip: MIAMI, XX 33150

I hereby 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 all other like empowered.

SIGNATURE: WOODY ALPHONSE

PD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date