

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000078924

1. Entity Name
TIMES TWO ,INC.



Principal Place of Business
**9912 ROYAL CARDIGAN WAY
W. PALM BEACH, FL 33411**

Mailing Address
**9912 ROYAL CARDIGAN WAY
W. PALM BEACH, FL 33411**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0116666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BEHAR, LISA
9912 ROYAL CARDIGAN WAY
W. PALM BEACH, FL 33441**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000827563
02/21/08-80095-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE V	BEHAR, JAMES B 9912 ROYAL CARDIGAN WAY W. PALM BEACH, FL 33411
TITLE P	BEHAR, LISA A 9912 ROYAL CARDIGAN WAY W. PALM BEACH, FL 33411
TITLE S	BEHAR, THOMAS A 10262 NW 54 PLACE CORAL SPRINGS, FL 33076
TITLE 	
TITLE 	
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa A. Behar *2/12/07* *561 7198686*