


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90017 007 \*\*\*150.00

<b>DOCUMENT # P96000072556</b>	
1. Entity Name <b>TWICE BUT NICE, INC.</b>	

Principal Place of Business <b>5229 W BROWARD BLVD PLANTATION FL 33317</b>	Mailing Address <b>5229 W BROWARD BLVD PLANTATION FL 33317</b>
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2. Principal Place of Business - No P.O. Box # <del>5229 W Broward Blvd</del>	3. Mailing Address <del>5229 W Broward Blvd</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <del>Plantation FL</del>	City & State <del>Plantation FL</del>
Zip <del>33317</del>	Zip <del>33317</del>
Country <del>Broward</del>	Country <del>Broward</del>

4. FEI Number <b>65-0706877</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ZIMMER, GERALDINE K 3628 SW 21 STREET FORT LAUDERDALE FL 33312</b>	
Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code	

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and state, if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMER, GERALDINE K 5229 W BROWARD BLVD PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  GERALDINE K Zimmer 3-19-08 954-581-6423	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Geraldine K Zimmer
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