

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015916

FILED
Apr 13, 2004
Secretary of State

Entity Name: THIRD TIME'S A CHARM, INC.

Current Principal Place of Business:

1285 NE 101 ST
MIAMI SHORES, FL 33138

New Principal Place of Business:

425 N LINDERO STREET
CLEWISTON, FL 33440

Current Mailing Address:

4973 SW 91 TERRACE
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-0725484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD-MARTINEZ, COLETTE
4973 SW 91 TERR
COOPER CITY, FL 33328

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLIFFORD-MARTINEZ, COLETTE
Address: 1285 NE 101 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: MARTINEZ, ANTONIO J
Address: 4973 SW 91 TERR
City-St-Zip: COOPER CITY, F 33328 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: COLETTE CLIFFORD-MARTINEZ

D

04/13/2004

Electronic Signature of Signing Officer or Director

_____ Date