

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000090947

**Entity Name:** THAMES MANAGEMENT CORP.

**Current Principal Place of Business:**

4400 BISCAYNE BOULEVARD, SUITE 950  
MIAMI, FL 33137

**Current Mailing Address:**

4400 BISCAYNE BOULEVARD, SUITE 950  
MIAMI, FL 33137

**FEI Number:** 27-3958786

**Certificate of Status Desired:** No

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

HALPRYN, GLENN L  
4400 BISCAYNE BOULEVARD  
SUITE 950  
MIAMI, FL 33137 US

*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

**Officer/Director Detail :**

Title      PRESIDENT, SECRETARY,  
              TREASURER  
Name      HALPRYN, GLENN L  
Address    4400 BISCAYNE BOULEVARD, SUITE  
              950  
City-State-Zip: MIAMI FL 33137

Title      VICE PRESIDENT  
Name      HALPRYN, ERNEST M  
Address    4400 BISCAYNE BOULEVARD, SUITE  
              950  
City-State-Zip: MIAMI FL 33137

Title      ASSISTANT SECRETARY  
Name      CABRERA, MARLENE  
Address    4400 BISCAYNE BOULEVARD, SUITE  
              950  
City-State-Zip: MIAMI FL 33137

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:** GLENN L. HALPRYN

**PRESIDENT**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date