

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90001 021 \*\*\*150.00

**DOCUMENT # P00000032901**

1. Entity Name  
LOUIS THALER, P.A.



Principal Place of Business

TWO ALHAMBRA PLAZA  
PENTHOUSE II-SUITE C  
MIAMI, FL ~~33143~~ 33134

Mailing Address

TWO ALHAMBRA PLAZA  
PENTHOUSE II-SUITE C  
MIAMI, FL ~~33143~~ 33134

40031200



05052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0996282

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THALER, LOUIS  
TWO ALHAMBRA PLAZA  
PENTHOUSE II- SUITE C  
MIAMI, FL ~~33143~~ 33134

**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  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME THALER, LOUIS P.A.  
STREET ADDRESS TWO ALHAMBRA PLAZA PENTHOUSEII, SUITE C  
CITY-ST-ZIP MIAMI, FL 33134

TITLE  
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CITY-ST-ZIP

**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 #

*Louis Thaler* LOUIS THALER

6/23/06

305 446-0100