


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90131 002 \*\*\*150.00

<b>DOCUMENT # P00000063271</b>					
1. Entity Name <b>THALES HOLDINGS, INC.</b>					
Principal Place of Business <b>4045 SHERIDAN AVE., STE. 428 MIAMI BEACH FL 33140</b>			Mailing Address <b>4045 SHERIDAN AVE., STE. 428 MIAMI BEACH FL 33140</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>65-1106501</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FOWLER, TROY</b> <b>4045 SHERIDAN AVE., STE. 428</b> <b>MIAMI BEACH FL 33140</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$350.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PSD FOWLER, TROY <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	4045 SHERIDAN AVE., STE. 428 MIAMI BEACH FL 33140		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VTD CAMACHO, DAVID <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	4045 SHERIDAN AVE., STE. 428 MIAMI BEACH FL 33140		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>SIGNATURE REQUIRED</u>			Date: <u>4/17/03</u> Daytime Phone #: <u>305-604-0796</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)