


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90090 011 ***150.00

DOCUMENT # P01000099107

1. Entity Name
THE THORAK INVESTMENTS, INC.



Principal Place of Business Mailing Address

9308 NORTHLAKE PARKWAY #113 ORLANDO FL 32827 **9308 NORTHLAKE PARKWAY #113 ORLANDO FL 32827**

2. Principal Place of Business 3. Mailing Address *Shipnet 6-1393*

5000 Biltmore Way **PO BOX 02-5210**

Suite, Apt. #, etc. Suite, Apt. #, etc.

c/o Oscar Roger

City & State City & State

Coral Gables, FL **Miami, FL 33102-5210**

Zip Country Zip Country

33134 **U.S.A.** **33102** **USA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G ESQ.
218 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number Applied For

01-0578624 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VELASQUEZ, ROOSEVELT T	
STREET ADDRESS	9295 N. LAKE PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COLINA DE VELASQUEZ, MARIBEL T	
STREET ADDRESS	9295 N. LAKE PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VELASQUEZ, MYRIAM C	
STREET ADDRESS	9295 N. LAKE PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velasquez, Roosevelt T.	
STREET ADDRESS	Shipnet 6-1393	
CITY-ST-ZIP	PO BOX 02-5210, Miami FL 33102-5210	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colina de Velasquez, Maribel T	
STREET ADDRESS	Shipnet 6-1393	
CITY-ST-ZIP	PO BOX 02-5210, Miami FL 33102-5210	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velasquez, Myriam C.	
STREET ADDRESS	Shipnet 6-1393	
CITY-ST-ZIP	PO BOX 02-5210, Miami FL 33102-5210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]* **President** Date: **02/10/2004** Daytime Phone #: **58-212-7623411**