

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102003

Entity Name: THIBEL SERVICES, INC.

FILED  
Apr 16, 2004  
Secretary of State

## Current Principal Place of Business:

953 W. SAND LAKE RD.  
ORLANDO, FL 32809

## New Principal Place of Business:

1726 KELLEY AVE  
KISSIMMEE, FL 34744

## Current Mailing Address:

953 W. SAND LAKE RD.  
ORLANDO, FL 32809

## New Mailing Address:

1726 KELLEY AVE  
KISSIMMEE, FL 34744

FEI Number: 59-3752490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELLES, PAULO  
5817 BEND PINE DR., #310  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

BELLES, PAULO  
2591 CHATHAM CIR  
KISSIMMEE, FL 34746 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: PAULO BELLES

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BELLES, PAULO  
Address: 5817 BEND PINE DRIVE, #310  
City-St-Zip: ORLANDO, FL 32822

Title: VPD ( ) Delete  
Name: DONDE, LOREDANA  
Address: 9142 PALM TREE DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: TSD ( ) Delete  
Name: GOMENSORO, MARIA C  
Address: 2622 BRITTANY LANE  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BELLES, PAULO  
Address: 2591 CHATHAM CIR  
City-St-Zip: KISSIMMEE, FL 34746

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

Title: TSD (X) Change ( ) Addition  
Name: GOMENSORO, MARIA C  
Address: 13003 PLANTATION PARK CIR # 1333  
City-St-Zip: ORLANDO, FL 32821

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: MARIA C GOMENSORO

TSD

04/16/2004

Electronic Signature of Signing Officer or Director

Date