

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030847

Entity Name: THIERER, INC.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

13650 NW 8 ST, STE 107
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13650 NW 8 ST, STE 107
SUNRISE, FL 33323

New Mailing Address:

13650 NW 8 ST, STE 107
SUNRISE, FL 33325

FEI Number: 71-0871619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW FRIM OF MANFORD ROSENOW, P.A.
2425 CORAL WAY
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BRECHER, GABRIELA
13650 NW 8TH STREET
107
SUNRISE, FL 33325 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: GABRIELA BRECHER

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THIERER, RAUL A
Address: 13650 NW 8 ST, STE 107
City-St-Zip: SUNRISE, FL 33325

Title: VS () Delete
Name: BRECHER-THIERER, GABRIELA K
Address: 13650 NW 8 ST, STE 107
City-St-Zip: SUNRISE, FL 33325

Title: T () Delete
Name: BRECHER, MATIAS J
Address: 13650 NW 8 ST, STE 107
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRECHER, GABRIELA K
Address: 13650 NW 8 ST, STE 107
City-St-Zip: SUNRISE, FL 33325

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GABRIELA BRECHER

VP

04/13/2006

Electronic Signature of Signing Officer or Director

Date