

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90074 039 ***158.75

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1. Entity Name

THEMA, INC.

Principal Place of Business

871 EAST 28TH STREET
HIALEAH FL 33010

Mailing Address

871 EAST 28TH STREET
HIALEAH FL 33010

24007862

420 WEST 29 ST HIALEAH, AMCO TRANSMISSION

2. Principal Place of Business

420 WEST 29 ST

3. Mailing Address

420 WEST 29 ST



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

4. FEI Number

76-0706286

Applied For

Not Applicable

Zip

33012

Country

MIAMI DADE

Zip

33012

Country

MIAMI DADE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, PETER
871 EAST 28TH STREET
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name
PETER CABRERA
Street Address (P.O. Box Number is Not Acceptable)
420 WEST 29 ST
City
HIALEAH FL Zip Code
33012

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 *Peter Cabrera*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/28/2004
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 D
NAME CABRERA, PETER ☐ Delete
STREET ADDRESS 871 EAST 28TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE D
NAME CABRERA, PETER JR. ☐ Delete
STREET ADDRESS 871 E. 28TH STREET
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME CABRERA, PETER SR.
STREET ADDRESS 420 WEST 29 ST
CITY-ST-ZIP HIALEAH, FL. 33012

TITLE D ☒ Change ☐ Addition
NAME CABRERA, PETER JR.
STREET ADDRESS 420 WEST 29 ST
CITY-ST-ZIP HIALEAH, FL. 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Peter Cabrera* / PETER CABRERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2004
Date

305-887-4309
Daytime Phone #