


2006 **FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # <b>PO. 2000110705</b>	
1. Entity Name <b>THA PLACE, Inc</b>	

04-17-2006 90401 043 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

**20031931**

2. Principal Place of Business <b>639 NE 62nd ST</b>	3. Mailing Address <b>639 NE 62nd ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI-FL</b>	City & State <b>MIAMI-FL</b>
Zip <b>33138</b>	Country
Zip <b>33138</b>	Country

CR2E034B (8/05)

4. FEI Number <b>01-0771070</b>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of Current Registered Agent	
Name <b>CIORARU, GISELLE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>639 NE 62nd ST</b>	
City <b>MIAMI</b>	FL Zip Code <b>33138</b>

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. CIORARU, GISELLE</b> <b>639 NE 62nd Street</b> <b>MIAMI-FL 33138</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **Giselle Cioraru** **04/08/06** **786-277-5711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #