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Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90044 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000039763

1. Entity Name
THECUS, CORP.

Principal Place of Business	Mailing Address
9437 NW 2ND COURT MIAMI SHORE, FL 33150	1966 NE 123 STREET 317 NORTH MIAMI, FL 33181

04032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1966 NE 123 Street	1966 NE 123 Street
Suite, Apt. #, etc. Suite 317	Suite, Apt. #, etc. No. 317
City & State North Miami FL	City & State North Miami FL
Zip 33181 Country	Zip 33181 Country

4. FEI Number 32-0071623 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORIOLO, HERNAND D 9437 NW 2ND COURT MIAMI SHORE, FL 33150	Name Hernand D Oriolo Street Address (P.O. Box Number is Not Acceptable) 1966 NE 123 Street No. 317 City North Miami 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 X ____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORIOLO, HERNAND D	NAME	
STREET ADDRESS	~~9437 NW 2ND CT~~ 1966 NE 123 Street No 317	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FL 33150~~ North Miami FL 33181	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GASPARI, OSCAR A	NAME	
STREET ADDRESS	~~9437 NW 2ND CT~~ 1966 NE 123 street No 317	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FL 33150~~ North Miami FL 33181	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #