

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000096960	
1. Entity Name THAYEN, CORP.	

Principal Place of Business 11125 NW 72 TERR MIAMI, FL 33178	Mailing Address 11125 NW 72 TERR MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3109591	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VALBUENA, EMDR ENRIQUE 11125 NW 72 TERR. MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) **DATE:** _____

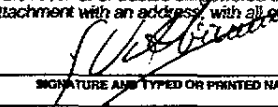
FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALBUENA, EMDR ENRIQUE 11125 NW 72 TERR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE VALBUENA, THANIA PARRA 11125 NW 72 TERR MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/05-80061-002 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.01(1)(b), Florida Statutes. I further verify 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:  **01/26/05.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #