

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000128169

1. Entity Name
THREADED LOGIC CORPORATION



FILED

05 OCT 25 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08142005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0422223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEBS-MALLAR, LUIS
354 FERN DRIVE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name CARLOS DEBS

Street Address (P.O. Box Number is Not Acceptable)

1318 NW 129 WAY

City SUNRISE

FL

Zip Code 33323

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE D, P ☐ Delete
NAME DEBS, CARLOS
STREET ADDRESS 1318 NW 129 WAY
CITY-ST-ZIP SUNRISE, FL 33323

TITLE D, P ☒ Delete
NAME DEBS-MALLAR, LUIS
STREET ADDRESS 354 FERN DRIVE
CITY-ST-ZIP WESTON, FL 33326

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 T/S ☐ Change ☒ Addition
NAME Debs, Arlene
STREET ADDRESS 1318 NW 129 Way
CITY-ST-ZIP Sunrise, Fla 33323

TITLE ☐ Change ☐ Addition
NAME 400060921144
STREET ADDRESS 10/25/05--01054--006 **61.25
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/05

Date

(954) 846-8557

Daytime Phone #