

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000128169

1. Entity Name
THREADED LOGIC CORPORATION



Principal Place of Business

#428
1304 SW 160TH AVE.
WESTON, FL 33326 US

Mailing Address

#428
1304 SW 160TH AVE.
WESTON, FL 33326 US

DO NOT WRITE IN THIS SPACE



05242007 No Chg-P CR2E034 (11/05)

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, CARLOS
1318 NW 129 WAY
SUNRISE, FL 33323

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P DEBS, CARLOS 1318 NW 129 WAY SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS DEBS, ARLENE 1318 N.W. 129 WAY SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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000000766055
06/08/07-80001-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

May 25, 2007
Date

Daytime Phone # _____