

2005 FOR PROFIT CORPORATION ANNUAL REPORT

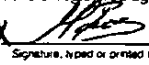
Y. Roberts JUN 16 2005
5/13/2005-90229-012-\$150.00-\$150.00

FILED
05 JUN 16 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02272005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000127890					
1. Entity Name THANK YOU BLOCK CORP.					
Principal Place of Business 5825 SW 9TH TERRACE MIAMI, FL 33144			Mailing Address 5825 SW 9TH TERRACE MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 55-0881771				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				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		
RAMIREZ, MARCOS L 5825 SW 9TH TERRACE MIAMI, FL 33144			Name Street Address (P.O. Box Number is Not Acceptable) City 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:  DATE: 3/23/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)					
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	RAMIREZ, MARCOS L		NAME		
STREET ADDRESS	5825 SW 9TH TERRACE		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33144		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	Vice-President	☐ Change ☒ Addition
NAME			NAME	Mercedes Camallery	
STREET ADDRESS			STREET ADDRESS	5825 SW 9TH TERRACE	
CITY-STATE-ZIP			CITY-STATE-ZIP	MIAMI, FL 33144	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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:  DATE: 3/23/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					