

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90254 001 ***150.00

DOCUMENT # P04000173471

1. Entity Name

THABATA, INC.



Principal Place of Business

5600 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address

5600 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

2. Principal Place of Business

Longboat Key

Suite, Apt. #, etc.

3. Mailing Address

5600 Gulf Drive

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Longboat Key - FL

Zip

34228

Country

mnatke

City & State

Longboat Key - FL

Zip

34228

Country

mnatke

4. FEI Number

04-3804418

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTHBTIH, RAFAT H
8707 44TH AVENUE DRIVE W
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name Rafat H ALTHBTIH

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

5600 GULF Drive 7020 45th Ave W
Unit 40

City Longboat Key Bradenton FL

Zip Code 34228

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

3-1-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ALTHBTIH, RAFAT H
STREET ADDRESS 8707 44TH AVENUE DRIVE W
CITY-ST-ZIP BRADENTON FL 34210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME same
STREET ADDRESS 7020 45th Ave W Unit 40
CITY-ST-ZIP Bradenton FL 34210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05

Date

941-383-6561

Daytime Phone #