

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000086914

1. Entity Name
THE NY THRIFT CORP.



Principal Place of Business
901 EAST 10 AVENUE # 31
HIALEAH, FL 33010

Mailing Address
901 EAST 10 AVENUE # 31
HIALEAH, FL 33010



07122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. H&I Number
20-3015540

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LECUSAY, CESAR
1281 RED BIRD AVENUE
MIAMI SPRINGS, FL 33166

**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's signature required when consenting)

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
P
LECUSAY, CESAR
1281 RED BIRD AVENUE
MIAMI SPRINGS, FL 33166

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U00000768815
07/16/07-80002-014 150.00

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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

7/13/07 305-888-3313
Date Daytime Phone #