2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN 05 AM 10:13 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000117759

1. Entity Name
THALIA FASHIONS, INC.

Principal Place of Business	Mailing Address
860 NE 207TH TERRACE N MIAMI, FL 33179	860 NE 207TH TERRACE N MIAMI, FL 33179

05022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
830 AGnes AVE	830 AGnes AVE
Suite, Apt. #, etc. LeHigh ACres	Suite, Apt. #, etc.
City & State FL	City & State LeHigh ACres. fl.
Zip 33971 Country Lee	Zip 33 971 Country Lee

4. FEI Number 20-3375316 ☐ Applied For ☐ Not Applicable

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
MERAZ, NORMA I 860 NE 207TH TERRACE N MIAMI, FL 33179	Name: Norma meraz I Street Address (P.O. Box Number is Not Acceptable) 830 AGnes AVE City LeHigh ACres, FL Zip Code 339 71

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 Norma Meraz 5/2/06
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 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERAZ, NORMA I 860 NE 207TH TERRACE N MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Meraz, Norma I 830 AGnes AVE LeHigh Acres fl. 33971	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Norma Meraz 5/2/06 (305) 491-4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #