

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90101 016 ***150.00

DOCUMENT # P05000150129

1. Entity Name

LYDIA THOMAS & ASSOCIATES, INC.



Principal Place of Business

22162 SW 95TH PL
MIAMI FL 33190

Mailing Address

22162 SW 95TH PL
MIAMI FL 33190



2. Principal Place of Business - No P.O. Box #

Keller Williams
Suite, Apt. #, etc. #105
1625 N COMMERCE AVE
City & State WESTON FL

3. Mailing Address

Suite, Apt. #, etc.
3820 WOOD AVE
City & State Miami FL

City & State

WESTON FL

City & State

Miami FL

Zip

33026

Country

USA

Zip

33133

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3767737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIOS, MARIO
8500 W FLAGLER ST
B-208
MIAMI FL 33144

7. Name and Address of New Registered Agent

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

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

After May 1, 2007 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 DP
NAME THOMAS, LYDIA ☐ Delete
STREET ADDRESS 22162 SW 95TH PL
CITY- ST- ZIP MIAMI FL 33190

TITLE STD
NAME DARIO, MIRANDA ☐ Delete
STREET ADDRESS 22162 SW 95 PLACE
CITY- ST- ZIP MIAMI FL 33190

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 3820 WOOD AV
CITY- ST- ZIP MIAMI FL 33133

TITLE ☒ Change ☐ Addition
NAME MIRANDA, DARIO
STREET ADDRESS 3820 WOOD AV
CITY- ST- ZIP MIAMI FL 33133

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

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

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 exemptions contained in Section 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:

Lydia Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07 305-70-8584

Date

Daytime Phone #