

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019148

Entity Name: AFWE - THRILLER CORP.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

401 BISCAYNE BLVD.  
DOCK - THRILLER  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 350564  
FORT LAUDERDALE, 33 33335

**New Mailing Address:**

P O BOX 350564  
FORT LAUDERDALE, FL 33335

FEI Number: 27-2562121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THRILLER MIAMI LLC  
401 BISCAYNE BLVD (DOCK - THRILLER)  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CKYACHTS,INC  
Address: POBOX 350564  
City-St-Zip: FT.LAUDERDALE, FL 33335

Title: VP  
Name: GRH MARINE,INC  
Address: POBOX 350564  
City-St-Zip: FT.LAUDERDALE, FL 33335

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES KEITH

MGR

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date