

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90477 046 ***150.00

DOCUMENT # P96000073219 1. Entity Name THOMPSON COMMUNICATIONS, INC.			
Principal Place of Business 8851 NW 67 ST MIAMI, FL 33166		Mailing Address 8031 NW 67 ST MIAMI, FL 33166	
2. Principal Place of Business 8274 NW 66 ST Suite, Apt. #, etc.		3. Mailing Address 8274 NW 66 ST Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33166	Country US	Zip 33166	Country US
4. FEI Number 65-0691314		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARANA, PEDRO 8851 NW 67TH STREET MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ARANA, PEDRO	TITLE 	NAME
STREET ADDRESS 8851 NW 67TH STREET	8274 NW 66 ST MIAMI, FL 33166	STREET ADDRESS 	
CITY-ST-ZIP MIAMI, FL 33166		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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 empowered.			
SIGNATURE: <u>PEDRO ARANA</u> 04-29-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			