

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000084614

1. Entity Name
THRILLER, INC.



Principal Place of Business
4310 SHERIDAN ST, #202
HOLLYWOOD, FL 33021

Mailing Address
4310 SHERIDAN ST, #202
HOLLYWOOD, FL 33021

FILED
Aug 14, 2008 08:00 AM
Secretary of State



08112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0707192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURTON, ANDRE S
4310 SHERIDAN ST, #202
HOLLYWOOD, FL 33021

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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	PD
NAME	VIVONA, PHILIP
STREET ADDRESS	4310 SHERIDAN ST, #202
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	BEAL, JEAN
STREET ADDRESS	24301 SW 137 AVE
CITY-ST-ZIP	PRINCETON, FL
TITLE	STD
NAME	VIVONA, CHRISTOPHER R
STREET ADDRESS	4310 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000957685
08/14/08-80001-023 150.00

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 8/10/08 954-961-1040
Date Daytime Phone #