

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90067 042 ***150.00

| | |
|--------------------------------|--|
| DOCUMENT # P98000056213 | |
| 1. Entity Name | |
| THOMASO, INC. | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---|----------------|
| 2. Principal Place of Business 283 N E 86 STREET Suite, Apt. #, etc. | | 3. Mailing Address 283 N E 86 STREET Suite, Apt. #, etc. | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33138 | Country | Zip 33138 | Country |

| | |
|---|---|
| 4. FEI Number 65-0868181 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

40068933

| | | |
|-----------------------------------|--|--------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name IDDOU SYLVIE | |
| | Street Address (P.O. Box Number is Not Acceptable) 283 N E 86 STREET | |
| | City MIAMI | Zip Code 33138 |

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

| | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OMAR IDDOU 283 N E 86 STREET MIAMI, FL 33138 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D SYLVIE IDDOU 283 N E 86 STREET MIAMI, FL 33138 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIE IDDOU

3/26/2008

Date

Daytime Phone #