2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90010 019 ***150.00

DOCUMENT # S01838

1. Entity Name

THIERRY'S, INC.

Principal Place of Business	Mailing Address
3321 NW 7TH AVENUE MIAMI FL 33127 US	3321 NW 7TH AVENUE MIAMI FL 33127 US

54019384

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0218300 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERA, HAYDEE
150 S.E. 25TH RD
#1B
MIAMI FL 33129

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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAMBERT, THIERRY 120 MORNINGSIDE DRIVE CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4801 SW 86 Terrace MIAMI FL 33143	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ISAMBERT, ALINA 120 MORNINGSIDE DRIVE CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 4801 SW 86 Terrace MIAMI FL 33143	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: THIERRY ISAMBERT President 3/15/04 (305) 835-6626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #