## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # S43615 Thing, Inc.				Secretary	oi State
Principal Place		lailing Address				
1280 W 60 T HIALEAH, FL		1280 W 60 TERRACE Haleah, Fl 33012				
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-	O NOT WOITE	N THE ODA	<b>0</b> E	04022004	No Chg-P CR2E034 (	10/03)
DO NOT WRITE IN THIS SPA			UE	4. FEI Numb 65-025		Applied For Not Applicable
					of Status Decired   \$8.	75 Additional Required
	6. Name and Address of Current Regin	stered Agent	<del></del>	_1		<u>-</u>
ALMEIDA, REBECCA C 7600 WEST 20 AVE SUITE 222 HIALEAH, FL 33016			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the lons of registered agent.	purpose of changing its register	ed office or regis	tered agent, or bo	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	all applicable. (NOTE: Registero	ed Agent argustime requi	red when reinstaing)	DATE	, 11-5
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be dded to Fees	U00000137450 04/29/04-80040-02	25 150.00
10.	OFFICERS AND DIRE	CTORS			<del></del>	
TITLE NAME	P ALMEIDA, HORTENSIA					
STREET ADDRESS	1280 W 60TH TERR					
OTY-ST-ZIP	HIALEAH, FL 33012	_ \	I			

## NAME ALMEIDA, HORTENSIA STREET ADDRESS 1280 W. 60 TERR. CITY-ST-ZIP HIALEAH, FL HILE ALMEIDA, HECTOR NAME 1280 W 60TH TERR STREET ADDRESS CITY-ST-ZP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

## DO NOT WRITE IN THIS SPACE

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12.	12. I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section	on 119.07(3)(i), Florida Statutes, I further certify that the information
•	The finding of the finding for the finding of the f	to and all the action and an arther than I am an afficiant an afficiant are
	indicated on this report or supplemental report is true and accurate and that my signature shall have the sam	ie legal eliect as il made didei galii, maci alli alli gil chicel di difector
	mondated on this report of supplication report is 500 and 400 and 510 miles	11 St. 1
	of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fi	anda Statutes: and that my name appears in Block 10 of block 17 %
	Of the conditional title receiver or inquire embowered to expense and trademental condition on the	conditions are a surviving training my product to the surviving my product to the surviving training my product to the surviving training my product to the surviving my product to the surviv
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	changed, or on an attachment with an address, with all other like employeed.	ulsale!
	/ /· <del></del>	4.5 - 2.7 - 3 3 3 3 3 3 3

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/24/64

Daytime Phone #