

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065479

FILED
Feb 18, 2008
Secretary of State

Entity Name: TABASHE ENTERPRISES, INC.

Current Principal Place of Business:

3370 HIDDEN BAY DRIVE #2008
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3370 HIDDEN BAY DRIVE #2008
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1022537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGEN, SHELDON D
4601 SHERIDAN STREET
SUITE 401
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AZERBAT, EMILY
Address: 3370 HIDDEN BAY DRIVE #2008
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: AZERBAT, MOSHE
Address: 3370 HIDDEN BAY DRIVE #2008
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: AZERBAT, VIOLETTE
Address: 3370 HIDDEN BAY DRIVE #2008
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: AZERBAT, DAVID
Address: 3370 HIDDEN BAY DRIVE #2008
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY AZERBAY

D

02/18/2008

Electronic Signature of Signing Officer or Director

_____ Date