FILED Aug 31, 2007 8:00 am Secretary of State

ANNUAL REPORT	m
	Т

DOCUMENT # P06000020372 1. Entity Name T.A. INVESTMENTS & PROPERTY MANAGEMENT, INC.				08-31-2007 90001 025 ***150.00				
Principal Plac	e of Business	Mailing Address	<u>l</u> .	40130002				
6905 BAY D MIAMI BEACI		6905 BAY DRIVE EAST MIAMI BEACH, FL 33141						
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Principal Place of Business - No P.O. Box # 3. Mailing Address			rive East					
J799 Suite, Apt.	NE 164 ST. #, etc.	Suite, Apt. #, etc.	ive p gs	08132007 Chg-P	CR2E034 (12/06)		
City & Stat	e -	City & State		4 FELNumber		Applied For		
NortH1	mam Bet, 7/A	missant Bc		16-17507	83 /	Not Applicable		
3316	DADE	Zip - 33-14-1	Cóuntry DADE	5. Certificate of Status Desire	d 🗆 \$8.75 A Fee Requi			
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New	w Registered Agent			
	BARRY R ESQ. 91 STREET		Street Address	(P.O. Box Number is Not Accepta	able)			
SUITE 400)							
AVENTUR	IA, FL 33180		City		E ∎ Zip Co	vde		
8 The above	named entity submits this statement for the	ne nurnose of changing its rec		ered agent or both in the State of	r L			
 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								
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	9. Election Campaign Trust Fund Contribu	· _ •	5.00 May Be ded to Fees				
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO C				
titlé Name	PVST ANTONOPOULOS, THANASES	☐ Delete	TITLE NAME		Change	Addition		
STREET ADDRESS	6905 BAY DRIVE EAST		STREET ADDRESS					
CITY-ST-ZIP TITLE	MIAMI BEACH, FL 33141	□ Delete	CITY-ST-ZIP TITLE		Change	Addition		
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE		☐ Change	Addition		
NAME		- Detete	NAME		Creating e	Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
IIILE		Delete	TITLE		☐ Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition Addition		
STREET ADDRESS			STREET ADDRESS			}		
CITY-ST-ZIP	certify that the information supplied with th	is filing does not qualify for th	CITY-ST-ZIP	ed in Chapter 119 Florida Statute	s. I further certify that the	information		
				same legal effect as if made und				

ATTACHMENT 8.28-07 40130861 #10600000372 To whom This letter concerns The Mailing Appress WAS NOT Right I NEVER Received The proper notice my Apoliges.

This is The Correct IN Formation Thank you. Thomases Antroportos