

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 190348**

1. Entity Name  
**STANLEY TATE BUILDERS, INC.**



Principal Place of Business  
**1175 NE 125 ST.  
SUITE 102  
NORTH MIAMI, FL 33161**

Mailing Address  
**1175 NE 125 ST.  
SUITE 102  
NORTH MIAMI, FL 33161**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0766919**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**TATE, STANLEY G.  
1175 NE 125TH ST  
STE 102  
NORTH MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000821598  
02/19/08 00022 015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT TATE, STANLEY G SUITE 102 NO MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS TATE, JOANNE 1175 N.E. 125TH STREET NO MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP TATE, J KENNETH 1175 NE 125TH SUITE 102 N MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV TATE, JAMES DAVID 1175 NE 125TH ST SUITE 102 N MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-07-2008 305-891-1106**  
Date Daytime Phone ext 253