2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# F06000007316

Entity Name: TARABU, INC.

Current Principal Place of Business:

6355 NW 36TH STREET, 2ND FLOOR
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

2100 PONCE DE LEON BLVD SUITE 1170
CORAL GABLES, FL 33134

New Mailing Address:

999 PONCE DE LEON BLVD SUITE
510
CORAL GABLES, FL 33134

FEI Number: 71-1016083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCER, THOMAS R
2100 PONCE DE LEON BLVD SUITE 1170
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SPENCER, THOMAS R
999 PONCE DE LEON BLVD
510
CORAL GABLES, FL 33134 US

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: THOMAS R. SPENCER 02/13/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: FOLCH, SALVI
Address: 6355 NW 36TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: DV ( ) Delete
Name: RALLO, ANTONIO
Address: 6355 NW 36TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: DP ( ) Delete
Name: GARCIA, JOSE ANTONIO
Address: 6355 NW 36TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete
Name: SPENCER, THOMAS R
Address: 2100 PONCE DE LEON BLVD SUITE 1170
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete
Name: LUTTEROTH, JORGE
Address: 6355 NW 36TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Delete
Name: SALVIDAR, JUAN
Address: 6355 NW 36TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

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: S (X) Change ( ) Addition
Name: SPENCER, THOMAS R
Address: 999 PONCE DE LEON BLVD SUITE SUITE 510
City-St-Zip: MIAMI, FL 33134

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 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: THOMAS R. SPENCER SEC 02/13/2007
Electronic Signature of Signing Officer or Director Date