

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F97838 1. Entity Name TABIN ENTERPRISES, INC.	
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Principal Place of Business 17833 N.W. 15TH STREET PEMBROKE PINES, FL 33029	Mailing Address 17833 N.W. 15TH STREET PEMBROKE PINES, FL 33029
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2227999	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TABIN, RONALD 7638 SW 105TH PLACE MIAMI, FL 33173

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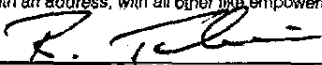
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TABIN, RONALD 17833 N.W. 15ST PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TABIN, SUSAN 17833 N.W. 15 ST PEMBROKE PINES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80008-009 150.00

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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	
Date _____	Daytime Phone # _____