

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N06000010872

1. Entity Name  
TAPS OF MIAMI INCORPORATED



Principal Place of Business  
3201 SW 129TH AVENUE  
MIAMI, FL 33175

Mailing Address  
3201 SW 129TH AVENUE  
MIAMI, FL 33175

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**



03142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5781245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

MORENO, SYLVIA  
3201 SW 129TH AVENUE  
MIAMI, FL 33175

**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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME PD  
STREET ADDRESS MORENO, SYLVIA  
CITY-ST-ZIP 3201 SW 129TH AVENUE  
MIAMI, FL 33175

TITLE  
NAME DS  
STREET ADDRESS GONZALEZ, KENIA  
CITY-ST-ZIP 13334 SW 111TH CT  
MIAMI, FL 33185

TITLE  
NAME TD  
STREET ADDRESS ABELARDE, MAYRA  
CITY-ST-ZIP 2216 SW 156TH CT  
MAIMI, FL 33185

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 617, 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 #