


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000003987 1. Entity Name SIGMA TAF MANAGEMENT, INC.	
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Principal Place of Business 667 SNUG ISLAND CLEARWATER, FL 33767	Mailing Address P.O. BOX 743 CLEARWATER, FL 33754
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DO NOT WRITE IN THIS SPACE

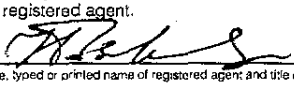


01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3615660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TSAFATINOS, TERRY 667 SNUG ISLAND CLEARWATER, FL 33767	DO NOT WRITE IN THIS SPACE
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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:  DATE: 2/17/04

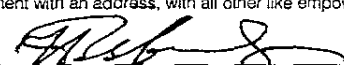
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000057199 02/19/04-80052-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TSAFATINOS, TERRY 667 SNUG ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TSAFATINOS, ANNA 667 SNUG ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TSAFATINOS, KATHERINE 667 SNUG ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TSAFATINOS, DIMITRIOS 667 SNUG ISLAND CLEARWATER, FL 33767
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 exemption stated in Section 119.07(3)(i), 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:  DATE: 2/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR