FILED
Apr 12, 2007 0
Secretary of

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000003987

1. Entity Name
SIGMA TAF MANAGEMENT, INC.

Principal Place of Business	Mailing Address
667 SNUG ISLAND CLEARWATER, FL 33767	P.O. BOX 743 CLEARWATER, FL 33754

01122007 No Chg-P CR2E034 (11/0

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615660

5. Certificate of Status Desired ☐ **$8.75** Fee Rec

6. Name and Address of Current Registered Agent

TSAFATINOS, TERRY
667 SNUG ISLAND
CLEARWATER, FL 33767

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 famil the obligations of registered agent.

SIGNATURE _____ DATE
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

10.

TITLE	PD
NAME	TSAFATINOS, TERRY
STREET ADDRESS	667 SNUG ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VD
NAME	TSAFATINOS, ANNA
STREET ADDRESS	667 SNUG ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	SD
NAME	TSAFATINOS, KATHERINE
STREET ADDRESS	667 SNUG ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	TD
NAME	TSAFATINOS, DIMITRIOS
STREET ADDRESS	667 SNUG ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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, Florid indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if m of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and changed, or on an attachment with an address, with all other like empowered.

TERRY TSAFATINOS PRESIDENT

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR