


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # P00000040125 1. Entity Name TAP INVESTMENTS, INC.	
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Principal Place of Business 1865 BRICKELL AVE STE A208 MIAMI, FL 33129	Mailing Address 1865 BRICKELL AVE STE A208 MIAMI, FL 33129
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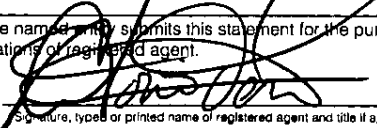
**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1009939	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  PEREZ, ANTONIO G 1865 BRICKELL AVE STE A208 MIAMI, FL 33129	<b>DO NOT WRITE IN THIS SPACE</b>
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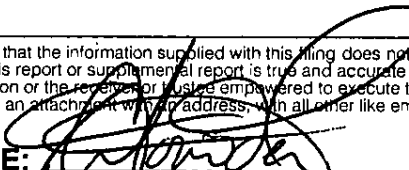
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  (NOTE: Registered Agent signature required when reinstating.)	DATE: 2/28/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, GENEVIEVE 888 BRICKELL KEY DRIVE, SUITE 1210 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000842073  
03/11/08-80015-015 150.00

**DO NOT WRITE  
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 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: 2/28/08 DAYTIME PHONE #
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