

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/9/

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-09-2006 90163 013 ***150.00

DOCUMENT # P01000003712	
1. Entity Name TABAY CORPORATION	

Principal Place of Business 10904 S.W. 72ND STREET UNIT 53 MIAMI, FL 33173	Mailing Address 10904 S.W. 72ND STREET UNIT 53 MIAMI, FL 33173
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66008369



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082465	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PINZON, IGNACIO 10904 S.W. 72ND STREET UNIT 53 MIAMI, FL 33173
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**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 reappointing) DATE _____

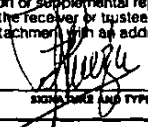
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PINZON, IGNACIO 10904 S.W. 72ND STREET MIAMI, FL 33173
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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 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:  **IGNACIO PINZON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/2006 305 585 4619
Date Daytime Phone #