

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000007146

1. Entity Name
TAB TECHNOLOGIES, INC.



FILED
Mar 22, 2004 08:00 AM
Secretary of State

Principal Place of Business
645 IVES DAIRY ROAD
SUITE 110
NORTH MIAMI, FL 33179

Mailing Address
645 IVES DAIRY ROAD
SUITE 110
NORTH MIAMI, FL 33179



02282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1070768

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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 of agent or printed name of registered agent, if applicable

DATE Registered Agent's signature required when not applicable

DATE

FILE NOW!!! FEE IS \$450.00
After May 1, 2004 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-STATE-ZIP	PT HANTMAN, DAVID 645 IVES DAIRY ROAD NORTH MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS ALARCON, EDWARD 645 IVES DAIRY ROAD NORTH MIAMI, FL 33179
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03/22/04-80043-024 150.00

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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)(f), 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

3/17/2004

Daytime Phone #