

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000007146

1. Entity Name
TAB TECHNOLOGIES, INC.



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**

DO NOT WRITE IN THIS SPACE

FILED
Jan 31, 2005 08:00 AM
Secretary of State



01202005 No Chg-P CR2E034 (10/03)

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**

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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PT
HANTMAN, DAVID
645 IVES DAIRY ROAD
NORTH MIAMI, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
ALARCON, EDWARD
645 IVES DAIRY ROAD
NORTH MIAMI, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000205302
01/31/05-80039-015 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #