

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

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**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-1070768 | 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

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

UC0000027510

02/21/08-80098-007 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | PT |
| NAME | HANTMAN, DAVID |
| STREET ADDRESS | 645 IVES DAIRY ROAD |
| CITY - ST - ZIP | NORTH MIAMI, FL 33179 |

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

Date

(305) 493-4057

Daytime Phone #