


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000088917</b> 1. Entity Name TAB FINANCIAL SERVICES, INC.	
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Principal Place of Business  
48 EAST FLAGLER STREET  
MIAMI, FL 33131

Mailing Address  
48 EAST FLAGLER STREET  
MIAMI, FL 33131



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3003039	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**

MOSKOVITZ, ROBERT  
48 EAST FLAGLER STREET  
MIAMI, FL 33131

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

000000125331  
04/22/04-80081-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESCAGEDO, MARCOS M 48 EAST FLAGLER STREET, FOURTH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MESA, JULIAN 9270 SW 93RD AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPEZ, MIRIAM 48 E. FLAGLER ST. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSKOVITZ, ROB 48 E. FLAGLER ST. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERGIO, ROK 48 E. FLAGLER ST. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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)(c), 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

4/20/04

(305) 347-5228

Date

Daytime Phone #