

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90209 045 ***150.00

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1. Entity Name
TAL ENTERPRISE CORP.



Principal Place of Business
**15800 LOXAHATCHEE RD.
BOCA RATON, FL 33076 US**

Mailing Address
**8310 HAVERHILL RD.
BOYNTON BEACH, FL 33436 US**

DO NOT WRITE IN THIS SPACE



03052005. No Chg-P CR2E034 (10/03)

4. FEI Number
51-0463270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZ, BORIS
6021 OLD COURT RD.
BOCA RATON, FL 33433**

**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, 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	OFFI
NAME	KATZ, BORIS
STREET ADDRESS	6021 OLD COURT RD.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	OFFI
NAME	AFTON, ROBERT J JR
STREET ADDRESS	490 N. LOWER GARDENS RD.
CITY-ST-ZIP	FONTANA, WI 53125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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

4-25-05

Date

561-218-0811

Daytime Phone #