

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137598

Entity Name: S FL TAP INC.

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

2523 ROOSEVELT ST  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

PO BOX 291775  
DAVIE, FL 33329

## Current Mailing Address:

2523 ROOSEVELT ST  
HOLLYWOOD, FL 33020

## New Mailing Address:

PO BOX 291775  
DAVIE, FL 33329

FEI Number: 26-0076379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HESS, JOHN M  
2523 ROOSEVELT ST  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

ROSEN, CHAD I  
PO BOX 291775  
DAVIE, FL 33329 US

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.

SIGNATURE: CHAD ROSEN

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HESS, JOHN M  
Address: 2523 ROOSEVELT ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete  
Name: ROSEN, CHAD  
Address: 11930 SW 11 CT  
City-St-Zip: DAVIE, FL 33325

Title: S (X) Delete  
Name: ROSEN, RACHEL  
Address: 11930 SW 11 CT  
City-St-Zip: DAVIE, FL 33325

Title: T (X) Delete  
Name: HESS, SONYA P  
Address: 2523 ROOSEVELT ST  
City-St-Zip: HOLLYWOOD, FL 33020

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROSEN, CHAD I  
Address: PO BOX 291775  
City-St-Zip: DAVIE, FL 33329

Title: VP (X) Change ( ) Addition  
Name: ROSEN, RACHEL M  
Address: PO BOX 291775  
City-St-Zip: DAVIE, FL 33329

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD ROSEN

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date