## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

## **Secretary of State** DOCUMENT # P05000155354 07-14-2006 90022 019 \*\*\*150.00 TAB INSPECTIONS, INC. Principal Place of Business Mailing Address ZUUUUTUN 1602 NW 90TH WAY 1602 NW 90TH WAY PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 US 2. Principal Place of Business 3. Mailing Address 705 Tanglewood 705 Tanglewood Suite Apt. #, etc. Suite, Apt. #, etc. 06162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Noston orid Je oston 20-3840203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent andia Toro TORO, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 1602 NW 90TH WAY PEMBROKE PINES, FL 33024 anglewood 8. The above named entity submits this statement for the purpose of changing stered office or registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. SIGNATURE Z nt signature required when reinstating 9. Election Capaciagn Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Change BARRAGAN, ARTURO NAME NAME Tanglewood Circle STREET ADDRESS 1602 NW 90TH WAY STREET ADORESS PEMBROKE PINES, FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition TORO, CLAUDIA NAME NAME Tanglowood Circle STREET ADDRESS 1602 NW 90TH WAY STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete ☐ Change TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

FILED

Jul 14, 2006 8:00 am

Daytime Phone #

Accounting Resource Group, Inc.

ATTACHMENT

40099132 # POS 000 155354

June 16, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: TAB Inspections, Inc.

To Whom It May Concern:

We are enclosing the 2006 Annual Report with a check in the amount of \$150.00 because our client never received any notice regarding the renewal because the address has been changed.

Please accept the payment in the amount of \$150.00 without imposing the late charge fee of \$400.00.

Should you have any questions, or need additional information, please contact our office directly.

Thank you for your prompt attention in this matter.

Sincerely,

Accountant