2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90001 025 ***150.00

DOCUMENT # P06000020372

1. Entity Name
T.A. INVESTMENTS & PROPERTY MANAGEMENT, INC.

40130001

08132007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6905 BAY DRIVE EAST MIAMI BEACH, FL 33141	6905 BAY DRIVE EAST MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #: 1799 NE 164 ST.	3. Mailing Address: 6905 BAY Drive East
Suite, Apt. #, etc.	Suite, Apt. #, etc.: #22
City & State: North Miami Bch, FLA	City & State: Miami Bch, FLA
Zip: 33162 Country: DADE	Zip: 33141 Country: DADE

4. FEI Number: 16-1750785 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

COHEN, BARRY R ESQ.
2875 NE 191 STREET
SUITE 400
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANTONOPOULOS, THANASES		NAME	
STREET ADDRESS	6905 BAY DRIVE EAST		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		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-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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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-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: Thanases Antonopoulos 8-28-07 305-865-6597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

8-28-07

40130861

~~#P0600020372~~

To whom This letter concerns

The mailing Address was not right I never received The proper notice my apoliges.

This is The correct In Formation

Thank you.

Thanases Anthopoulos