

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 028 ***150.00

DOCUMENT # P07000103329 1. Entity Name TABU TABERNA, INC.			
Principal Place of Business 7220 NW 36 STREET 510 MIAMI, FL 33166 US		Mailing Address 7220 NW 36 STREET 510 MIAMI, FL 33166 US	
2. Principal Place of Business - No P.O. Box # 7220 NW 36 street Suite, Apt. #, etc. 315 City & State MIAMI, FL Zip 33166 Country USA		3. Mailing Address 7220 NW 36 street Suite, Apt. #, etc. 315 City & State MIAMI, FL Zip 33166 Country USA	
4. FEI Number 26-1084921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLO, GLORIA 7220 NW 36 STREET 510 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name GALLO GLORIA Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 street Suite 315 City MIAMI FL Zip Code 33166	
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:		REGISTERED SIGNATURE: GLORIA GALLO 4/8/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLO, GLORIA 7220 NW 36 STREET # 510 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		PRESIDENT 4/8/08 305-513001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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