

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000072797

1. Entity Name
TALPOS, SABAU AND ASSOCIATES, INC.



Principal Place of Business

4609 SW 44 AVE
DAVIE, FL 33314 US

Mailing Address

4609 SW 44 AVENUE
DAVIE, FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08222005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0448328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABAU, DANIELA
5706 N.E. 17TH TERR.
FORT LAUDERDALE, FL 33334

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 7, 2005

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 D ☐ Delete
NAME TALPOS, AUREL
STREET ADDRESS 12200 NW 18 STREET
CITY- ST- ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME 000000377051
STREET ADDRESS 08/25/05-80003-010 \$50.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME SABAU, AUREL
STREET ADDRESS 12670 SW 20 STREET
CITY- ST- ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME SABAU, DANIELA
STREET ADDRESS 12670 SW 20 STREET
CITY- ST- ZIP DAVIE, FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Daniela Sabau

DANIELA SABAU

8-23-05

954-475-2674

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone