


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000005129  
 1. Entity Name  
 US TAB, INC.



Principal Place of Business  
 2369 NW 149TH STREET  
 OPA LOCKA, FL 33054

Mailing Address  
 2369 NW 149TH STREET  
 OPA LOCKA, FL 33054



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0461557  Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

NELSON, GERRI  
 19561 CYPRESS COURT  
 HIALEAH, FL 33015

**DO NOT WRITE IN THIS SPACE**

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: GERRI NELSON April 29, 2005  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, SAMUEL C 18130 NW 81ST COURT PALM SPRINGS NORTH, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURT, LEONARD A JR. 19561 CYPRESS CT HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STV NELSON, GERRI 19561 CYPRESS COURT HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000353132  
 05/03/05-80054-019 150.00

**DO NOT WRITE IN THIS SPACE**

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: 