


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90046 003 ***150.00

DOCUMENT # P94000012968	
1. Entity Name TAX CERTIFICATE HOLDINGS, INC.	

Principal Place of Business 4208 N 31 AVE 1381 SAWGRASS STE 3 HOLLYWOOD, FL 33021	Mailing Address P. O. BOX 100527 CORP. PKWY FT. LAUDERDALE, FL 33310 US SUNRISE, FL 33323
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900-



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0481058	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	
GORDON, ALLEN 4208 N 31 AVE STE 3 HOLLYWOOD, FL 33021	1381 SAWGRASS CORP PKWY SUNRISE, FL 33323

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DPST GORDON, ALLEN 4208 N 31 AVE STE 3 P.O. Box 100527 HOLLYWOOD, FL 33021 FT. LAUDERDALE, FL 33310
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**DO NOT WRITE
IN THIS SPACE**

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: Allen Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 954-561-3607
Date Daytime Phone #