## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000091176

Entity Name: KAPPA TAU, INC

FILED Mar 17, 2004 Secretary of State

		7.0, 11.0.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
115 SE 2N 2ND FLOO MIAMI, FL			115 SE 2ND ST 2ND FLOOR MIAMI, FL 33131		
Current N	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
P.O. BOX MIAMI, FL	110239 331110239		115 SE 2ND ST 2ND FLOOR MIAMI, FL 33131		
FEI Number	: 65-0644361	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1101 BRIC SUITE 170 MIAMI, FL	33131 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PDAS ( CONSTANTING 115 SE 2ND S MIAMI, FL 331	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VDAS ( CONSTANTINO 115 SE 2ND S MIAMI, FL 331	Ž2ND FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS ( GOVANTES, C 115 SE 2ND S MIAMI, FL 331	T 2ND FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ( TZORTZAKIS, 115 SE 2ND S MIAMI, FL 331	T., 2ND	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS GOVANTES VS 03/17/2004