


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000091176

1. Entity Name
KAPPA TAU, INC.



Principal Place of Business Mailing Address

**115 SE 2ND ST
 2ND FLOOR
 MIAMI, FL 33131** **115 SE 2ND ST
 2ND FLOOR
 MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0644361 Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent

**DEMOS, ANGELO P ESQ.
 1101 BRICKELL AVE
 SUITE 1700
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

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	PDAS	<input type="checkbox"/> Delete
NAME	CONSTANTINO, TOEDORO	
STREET ADDRESS	115 SE 2ND STREET	
CITY-ST-ZIP	MIAMI, FL 331313153	
TITLE	VDAS	<input type="checkbox"/> Delete
NAME	CONSTANTINO, ALICIA	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY-ST-ZIP	MIAMI, FL 331313153	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GOVANTES, CARLOS	
STREET ADDRESS	115 SE 2ND ST 2ND FL	
CITY-ST-ZIP	MIAMI, FL 331313153	
TITLE	V	<input type="checkbox"/> Delete
NAME	TZORTZAKIS, MARIA	
STREET ADDRESS	115 SE 2ND ST., 2ND	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000261586
 03/14/05-80021-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the same empowered.

SIGNATURE: _____ **03/09/05** **(305) 594-0450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #