2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P95000091176

Entity Name: KAPPA TAU, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0644361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMOS, ANGELO P ESQ.
12601 SW 1OTH AVENUE
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDAS ( ) Delete
Name: CONSTANTINO, TOEDORO
Address: 115 SE 2ND STREET
City-St-Zip: MIAMI, FL 331313153

Title: VDAS ( ) Delete
Name: CONSTANTINO, ALICIA
Address: 115 SE 2ND ST 2ND FL
City-St-Zip: MIAMI, FL 331313153

Title: VS ( ) Delete
Name: GOVANTES, CARLOS
Address: 115 SE 2ND ST 2ND FL
City-St-Zip: MIAMI, FL 331313153

Title: V ( ) Delete
Name: TZORTZAKIS, MARIA
Address: 115 SE 2ND ST., 2ND
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 VP 03/23/2009

Electronic Signature of Signing Officer or Director — Date