

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                           |                                                                                                                                      |                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S87167</b><br>1. Entity Name<br><b>TABROS CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                           |                                                                                                                                      |   |  |
| Principal Place of Business<br><b>13151 NEWBERRY RD</b><br><b>TIOGA, FL 32669 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                           | Mailing Address<br><b>P.O. BOX 13461</b><br><b>GAINESVILLE, FL 32604 US</b>                                                          |                                                                                    |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                                                      |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | City & State                              |                                                                                                                                      | 04282005 Chg-P CR2E034 (10/03)                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Country                                   |                                                                                                                                      | 4. FEI Number<br><b>59-3096098</b>                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                           |                                                                                                                                      | Applied For<br>Not Applicable                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, MIGUEL J.</b><br><b>13151 NEWBERRY RD</b><br><b>TIOGA, FL 32699</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                           |                                                                                                                                      |                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>DIAZ, MIGUEL J.<br>13151 NEWBERRY RD<br>TIOGA, FL 32669     | <input type="checkbox"/> Delete           |                                                                                                                                      |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>TABOADA, MANUEL<br>13151 NEWBERRY RD<br>TIOGA, FL 32669     | <input type="checkbox"/> Delete           |                                                                                                                                      |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>TABOADA, CONCEPCION<br>13151 NEWBERRY RD<br>TIOGA, FL 32669 | <input type="checkbox"/> Delete           |                                                                                                                                      |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>TABOADA, JAVIER<br>13151 NEWBERRY RD<br>TIOGA, FL 32669     | <input type="checkbox"/> Delete           |                                                                                                                                      |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>TABOADA, MIGUEL<br>13151 NEWBERRY RD<br>TIOGA, FL 32669     | <input type="checkbox"/> Delete           |                                                                                                                                      |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>DIAZ, LUIS A.<br>13151 NEWBERRY RD<br>NEWBERRY, FL 32669    | <input type="checkbox"/> Delete           |                                                                                                                                      |                                                                                    |  |
| 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. |                                                                  |                                           | U00000355332<br>05/03/05-80142-025 150.00                                                                                            |                                                                                    |  |
| SIGNATURE:  <b>LUIS DIAZ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                           | 4/29/05 352-331-6220                                                                                                                 |                                                                                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                           |                                                                                                                                      |                                                                                    |  |