
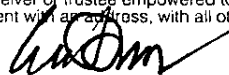


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90226 046 \*\*\*150.00

<b>DOCUMENT # S87167</b> 1. Entity Name <b>TABROS CORPORATION</b>					
Principal Place of Business <b>13151 NEWBERRY RD TIOGA, FL 32669 US</b>			Mailing Address <b>P.O. BOX 13461 GAINESVILLE, FL 32604 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-3096098</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, MIGUEL J. 13151 NEWBERRY RD TIOGA, FL 32699</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, MIGUEL J.		NAME		
STREET ADDRESS	13151 NEWBERRY RD		STREET ADDRESS		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TABOADA, MANUEL		NAME		
STREET ADDRESS	13151 NEWBERRY RD		STREET ADDRESS		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TABOADA, CONCEPCION		NAME		
STREET ADDRESS	13151 NEWBERRY RD		STREET ADDRESS		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TABOADA, JAVIER		NAME		
STREET ADDRESS	13151 NEWBERRY RD		STREET ADDRESS		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TABOADA, MIGUEL		NAME		
STREET ADDRESS	13151 NEWBERRY RD		STREET ADDRESS		
CITY-ST-ZIP	TIOGA, FL 32669		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, LUIS A		NAME		
STREET ADDRESS	13151 NEWBERRY RD		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <b>Luis Diaz VP</b> <span style="float: right;">4/26/06 352-3316220</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					