

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079545

**FILED**  
**Mar 14, 2007**  
**Secretary of State**

**Entity Name:** TABAJARA SOFFIT & FASCIA INSTALLATION CORPORATION

**Current Principal Place of Business:**

5186 MILLENIA BLVD  
APT 104  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

5186 MILLENIA BLVD  
APT 104  
ORLANDO, FL 32839

**New Mailing Address:**

**FEI Number:** 20-2933412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOS SANTOS, WILSON A FILHO  
901 A W. OAKRIDGE RD.  
ORLANDO, FL 32809    US

**Name and Address of New Registered Agent:**

DOS SANTOS, WILSON A FILHO  
5186 MILLENIA BLVD APT. 104  
ORLANDO, FL 32839    US

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: WILSON A FILHO DOS SANTOS

03/14/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            DPT            ( ) Delete  
Name:            DOS SANTOS FILHO, WILSON A  
Address:        901 A W. OAKRIDGE RD.  
City-St-Zip:    ORLANDO, FL 32809

Title:            S                ( ) Delete  
Name:            DOS SANTOS FILOH, WILSON A  
Address:        901 A W. OAKRIDGE RD.  
City-St-Zip:    ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DPT            (X) Change ( ) Addition  
Name:            DOS SANTOS FILHO, WILSON A  
Address:        5186 MILLENIA BLVD APT. 104  
City-St-Zip:    ORLANDO, FL 32839

Title:            S                (X) Change ( ) Addition  
Name:            BASTO, ADILSON GOMES  
Address:        5186 MILLENIA BLVD APT. 104  
City-St-Zip:    ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the 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: WILSON A. FILHO DOS SANTOS

PD

03/14/2007

Electronic Signature of Signing Officer or Director

Date