



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



02424018



DUE ON OR BEFORE 04/06/05

~~04/06/05~~

FILING FEE

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

1. -0890309-1

Tau Psi Omega Fraternity, Inc.

PO Box 871301

Tempe, AZ 85287-1301

RECEIVED

MAY 19 2008

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 423-332-4433 (Business phone is optional.)

State of Domicile: Arizona Type of Corporation: Non-Profit

2. Statutory Agent: Omar H. Varela
Mailing Address: 5219 W. Roanoke Ave
City, State, Zip: Phoenix, AZ 85035

Physical Address, If Different.

Physical Address:

City, State, Zip:

ACC USE ONLY

Fee \$ 10

Penalty \$ 0

Reinstate \$ 25

Expedite \$ 35

Resubmit \$

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Omar Varela

Signature of new Statutory Agent

Omar H. Varela

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceuticals |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Handling/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Hotel/Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Scientific Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology/Computers |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input checked="" type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Scientific Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial, industrial or trade association |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
0		

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
0		

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

Name: _____	Name: _____
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NONE ☒

Name: _____	Name: _____
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7. OFFICERS

Name: Stephen Gomez

Title: President

Address: 702 W. 12th PL
Tempe, AZ 85281

Date taking office: 3/7/2003

Name: _____

Title: _____

Address: _____

Date taking office: _____

Name: Salvador Lopez

Title: Vice President

Address: 1541 W. St. Kateri
Phoenix, AZ 85041

Date taking office: 3/7/2003

Name: _____

Title: _____

Address: _____

Date taking office: _____

8. DIRECTORS

Name: Marcos Voss

Address: 3620 W. Laredo
Chandler, AZ 85226

Date taking office: 3/7/2003

Name: _____

Address: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Tau Psi Omega Balance Sheet Jan.- Dec. 2005

Note: No Liabilities

Jan-05			
Income		Expenses	
Total income	909.99	Total expenses	211
		Net Income	698.99
Feb-05			
Income		Expenses	
Total income	3157.99	Total expenses	788.01
		Net Income	2369.98
Mar-05			
Income		Expenses	
Total income	2469.98	Total expenses	242.59
		Net Income	2227.39
Apr-05			
Income		Expenses	
Total income	2914.39	Total expenses	632.35
		Net Income	2282.04
May 05			
Income		Expenses	
Total income	2282.04	Total expenses	1194.3
		Net Income	1087.74
Jun-05			
Income		Expenses	
Total income	1087.74	Total expenses	81.76
		Net Income	1005.98
Jul-05			
Income		Expenses	
Total income	1005.98	Total expenses	11
		Net Income	994.98
Aug-05			
Income		Expenses	
Total income	994.98	Total expenses	11
		Net Income	983.98
Sep-05			
Income		Expenses	
Total income	2122.48	Total expenses	274
		Net Income	1848.48
Oct-05			
Income		Expenses	
Total income	2973.48	Total expenses	1075.02
		Net Income	1898.46
Nov-05			
Income		Expenses	
Total income	3637.46	Total expenses	1787.87
		Net Income	1849.59
Dec-05			
Income		Expenses	
Total income	1849.59	Total expenses	248.93
		Net Income	1600.66

Tau Psi Omega Balance Sheet Jan.- Dec. 2004

Note: No Liabilities

Jan-04			
Income		Expenses	
Total income	670.02	Total expenses	307.4
		Net Income	362.62
Feb-04			
Income		Expenses	
Total income	2784.27	Total expenses	1542.82
		Net Income	1241.45
Mar-04			
Income		Expenses	
Total income	1416.45	Total expenses	1006.19
		Net Income	410.26
Apr-04			
Income		Expenses	
Total income	743.26	Total expenses	177
		Net Income	566.26
May-04			
Income		Expenses	
Total income	2034.26	Total expenses	1812.85
		Net Income	221.41
Jun-04			
Income		Expenses	
Total income	221.41	Total expenses	111
		Net Income	110.41
Jul-04			
Income		Expenses	
Total income	110.41	Total expenses	11
		Net Income	99.41
Aug-04			
Income		Expenses	
Total income	1249.41	Total expenses	311
		Net Income	938.41
Sep-04			
Income		Expenses	
Total income	2239.41	Total expenses	1605.22
		Net Income	634.19
Oct-04			
Income		Expenses	
Total income	1634.19	Total expenses	11
		Net Income	1623.19
Nov-04			
Income		Expenses	
Total income	4369.44	Total expenses	2925.45
		Net Income	1443.99
Dec-04			
Income		Expenses	
Total income	1443.99	Total expenses	1001
		Net Income	442.99

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☒ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES ☐

NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|--|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action: |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box must be marked:

YES ☐

NO ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

One box must be marked:

YES ☐

NO ☒

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Salvador Lopez Date 5/19/08 Name _____ Date _____

Signature [Signature] Signature _____

Title Vice President Title _____