2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State
08-01-2005 90023 008 ****61.25

DOCUMENT # 814298

1. Entity Name
TAROMINA APTS. INC.

000086743

Principal Place of Business	Mailing Address
1936 S OCEAN DRIVE HALLANDALE, FL 33009	1936 S OCEAN DRIVE HALLANDALE, FL 33009

07142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0933047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALABRO, CARMELA 1936 SOUTH OCEAN DRIVE 18A HALLANDALE BEACH, FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARIDI, JOAN 1936 S OCEAN DR 11B HALLANDALE, FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMON FARAH 1936 S. OCEAN DR APT 7B D HALLANDALE, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1V CALABRA, CARMALA MRS 1936 S OCEAN DR A18 HALLANDALE, FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TONI DAMIGELLA 1936 S. OCEAN DR APT 21A HALLANDALE, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHIRICO, MARCO 1936 SO. OCEAN DRIVE HALLANDALE, FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARL SCALISE 1936 S. OCEAN DR. APT 22A HALLANDALE, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLSON, GEORGIA 1936 S OCEAN DR 11C HALLANDALE, FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MIRIAM VARELA 1936 S. OCEAN DR. APT 9D HALLANDALE FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAYSE, MARY JO 1936 S OCEAN DR 13 C HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IV ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VARVARO, ANTHONY 1936 SO OCEAN DRIVE HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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.

SIGNATURE: Simon Farah 7/26/2005 954 458-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #