


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90023 008 \*\*\*\*61.25

<b>DOCUMENT # 814298</b>					
1. Entity Name TAROMINA APTS. INC.					
Principal Place of Business 1936 S OCEAN DRIVE HALLANDALE, FL 33009			Mailing Address 1936 S OCEAN DRIVE HALLANDALE, FL 33009		
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 <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____ (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. <input type="checkbox"/>		\$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	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARIDI, JOAN		NAME	SIMON FARAH	
STREET ADDRESS	1936 S OCEAN DR 11B		STREET ADDRESS	1936 S. OCEAN DR APT 78D	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	1V	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALABRA, CARMALA MRS		NAME	TONI DAMIGELLA	
STREET ADDRESS	1936 S OCEAN DR A18		STREET ADDRESS	1936 S. OCEAN DR APT 21A	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIRICO, MARCO		NAME	CARL SCALISE	
STREET ADDRESS	1936 SO. OCEAN DRIVE		STREET ADDRESS	1936 S. OCEAN DR. APT 22A	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, GEORGIA		NAME	MIRIAM VARELA	
STREET ADDRESS	1936 S OCEAN DR 11C		STREET ADDRESS	1936 S. OCEAN DR. APT 9D	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete	TITLE	IV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYSE, MARY JO		NAME		
STREET ADDRESS	1936 S OCEAN DR 13 C		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARVARO, ANTHONY		NAME		
STREET ADDRESS	1936 SO OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
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: <i>Simon Farah</i>			Date: 7/26/2005		Daytime Phone #: 954 458-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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