


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90137 042 ****61.25

DOCUMENT # 814298							
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 - No P.O. Box #			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"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	DEMARCO, JOHN	NAME	S Pavlova, Irina				
STREET ADDRESS	1936 S OCEAN DR, APT 24C	STREET ADDRESS	1936 S Ocean Dr Apt 11D				
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Hallandale, FL 33009				
TITLE	T <input type="checkbox"/> Delete	TITLE	Joseph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	ORTEGA, JULIA	NAME	Kueherusky, Joseph				
STREET ADDRESS	1936 S OCEAN DR, APT 14C	STREET ADDRESS	1936 S. ocean Dr Apt 16A				
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Hallandale, FL 33009				
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SCARLISE, CARL	NAME					
STREET ADDRESS	1936 S OCEAN DR, APT 22A	STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP					
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VARELA-SAUREZ, MIRIAM	NAME					
STREET ADDRESS	1936 S OCEAN DR, APT 9D	STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP					
TITLE	1V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CALABRO, CARMELA	NAME					
STREET ADDRESS	1936 S OCEAN DR 18A	STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP					
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VARVARO, ANTHONY	NAME					
STREET ADDRESS	1936 SO OCEAN DRIVE APT 16C	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 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 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: <u>Carmela Calabro VP</u>			Date: <u>3-30-07</u>		Daytime Phone #: <u>951-451-1003</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

40050803



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