


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90036 012 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0933047	Applied For <input type="checkbox"/>
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	
		State 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, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEMARCO, JOHN			NAME	THEILER, CAROL		
STREET ADDRESS	1936 S OCEAN DR, APT 24C			STREET ADDRESS	1936 S OCEAN DR, APT 10A		
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	HALLANDALE BEACH FL 33009		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORTEGA, JULIA			NAME	SIMON FARAH		
STREET ADDRESS	1936 S OCEAN DR, APT 14C			STREET ADDRESS	1936 S OCEAN DR, APT 7D		
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	HALLANDALE BEACH FL 33009		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCARLISE, CARL			NAME	VARELA-SUAREZ, MIRIAM		
STREET ADDRESS	1936 S OCEAN DR, APT 22A			STREET ADDRESS	1936 S OCEAN DR, APT D9		
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	HALLANDALE BEACH FL 33009		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAVLOVA, IRINA			NAME	TEDESCO, JOHN		
STREET ADDRESS	1936 S. OCEAN DR APT 11D			STREET ADDRESS	19 WASHINGTON AVE		
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	WESTPORT CT 06880		
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 checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VARVARO, ANTHONY			NAME	KUCHEROVSKY, JOSEPH		
STREET ADDRESS	1936 SO OCEAN DRIVE APT 16C			STREET ADDRESS	1936 S OCEAN DR, APT 16A		
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	HALLANDALE BEACH FL 33009		

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: *Carol Theiler* **CAROL THEILER** *14 Mar 2008* *954 7071432*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #