


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-20-2008 90036 012 \*\*\*\*61.25

<b>DOCUMENT # 814298</b>					
1. Entity Name <b>TAROMINA APTS. INC.</b>					
Principal Place of Business <b>1936 S OCEAN DRIVE HALLANDALE, FL 33009</b>		Mailing Address <b>1936 S OCEAN DRIVE HALLANDALE, FL 33009</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>CALABRO, CARMELA</b> <b>1936 SOUTH OCEAN DRIVE</b> <b>18A</b> <b>HALLANDALE BEACH, FL 33009</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMARCO, JOHN 1936 S OCEAN DR, APT 24C HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THEILER, CAROL 1936 S OCEAN DR, APT 10A HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTEGA, JULIA 1936 S OCEAN DR, APT 14C HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMON FARAH 1936 S OCEAN DR, APT 7D HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCARLISE, CARL 1936 S OCEAN DR, APT 22A HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARELA-SUAREZ, MIRIAM 1936 S OCEAN DR, APT D9 HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAVLOVA, IRINA 1936 S. OCEAN DR APT 11D HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEDESCO, JOHN 19 WASHINGTON AVE WESTPORT CT 06880	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V CALABRO, CARMELA 1936 S OCEAN DR 18A HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARVARO, ANTHONY 1936 SO OCEAN DRIVE APT 16C HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUCHEROVSKY, JOSEPH 1936 S OCEAN DR, APT 16A HALLANDALE BEACH FL 33009	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Carol Theiler</i> <b>CAROL THEILER</b>		<i>14 Mar 2008</i> <b>14 Mar 2008</b>		<i>954 7071432</i> <b>954 7071432</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



03142008 Chg-NP CR2E037 (12/06)

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

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