



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 849234</b> 1. Entity Name <b>TAYLORCREST N.V., INC.</b>	
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Principal Place of Business <b>4995 NW 72 AVE #303</b> <b>MIAMI, FL 33166</b>	Mailing Address <b>4995 NW 72 AVE #303</b> <b>MIAMI, FL 33166</b>
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02052004	No Chg-P
CR2E034 (10/03)	
4. FEI Number <b>59-2163320</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ESPIN, GLADYS</b> <b>4995 NW 72ND AVE</b> <b>SUITE 303</b> <b>MIAMI, FL 33166</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLERICO, GIACOMO 4995 NW 72ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ESPIN, GLADYS 4995 NW 72ND AVE., #303 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLERICO, FIDELE 4995 NW 72ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLERICO, CARLO 4995 NW 72ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/08/04-80135-005 150.00

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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 607, 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>Gladys Espin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>2/5/04</i> <small>Date</small>	Daytime Phone: <i>305-594-2942</i> <small>Daytime Phone #</small>
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