2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/2:

FILED
Apr 20, 2005 8:00 am
Secretary of State
03-23-2005 90036 034 ***150.00

DOCUMENT # 849234

1. Entity Name
TAYLORCREST N.V., INC.

Principal Place of Business	Mailing Address
4995 NW 72 AVE #303 MIAMI, FL 33166	4995 NW 72 AVE #303 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2163320

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESPIN, GLADYS
4995 NW 72ND AVE
SUITE 303
MIAMI, FL 33166

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CLERICO, GIACOMO
STREET ADDRESS	4995 NW 72ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VSD
NAME	ESPIN, GLADYS
STREET ADDRESS	4995 NW 72ND AVE., #303
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VD
NAME	CLERICO, FIDELE
STREET ADDRESS	4995 NW 72ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	CLERICO, CARLO
STREET ADDRESS	4995 NW 72ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gladys Espin GLADYS ESPIN-Secretary 4/14/05 305-594-2942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #