

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F51299

1. Entity Name
TAURUS INTERNATIONAL MANUFACTURING, INC.



Principal Place of Business
16175 NW 49TH AVENUE
MIAMI, FL 33014

Mailing Address
16175 NW 49TH AVENUE
MIAMI, FL 33014



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2159483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVTS
NAME	ESTIMA, LUIS
STREET ADDRESS	AVENIDA DO FORTE 511
CITY - ST - ZIP	PORTO ALEGRE RS,BRAO,
TITLE	PD
NAME	MURGEL, CARLOS ALBERTO
STREET ADDRESS	AVENIDA DO FORTE 511
CITY - ST - ZIP	PORTO ALEGRE RS,BRAO,
TITLE	VAT
NAME	SOARES, RUY F.
STREET ADDRESS	AVENIDA DO FORTE 511
CITY - ST - ZIP	PORTO ALEGRE RS,BRAO,
TITLE	VAS
NAME	MORRISON, ROBERT
STREET ADDRESS	16175 N.W. 49TH AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	VAS
NAME	BLENKER, DAVID
STREET ADDRESS	16175 N.W. 49TH AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	AS
NAME	BLOOM, SI H.
STREET ADDRESS	16174 NW 49TH AVENUE
CITY - ST - ZIP	MIAMI, FL

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03/22/05-80006-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 2005 0305/624-1115
Date Daytime Phone #