2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # K17083

1. Entity Name
TAURUS DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
16175 NW 49 AVE MIAMI, FL 33014-314 US	16175 NW 49 AVE MIAMI, FL 33014-314 US

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0038767
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
1 SE 3RD AVE, SUITE 2130
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 _____ 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000100136
03/31/04-80032-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MURGEL, CARLOS A.P.
STREET ADDRESS	16175 NW 49 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VAS
NAME	MORRISON, ROBERT
STREET ADDRESS	16175 NW 49 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VAT
NAME	SOARES, RUY
STREET ADDRESS	16175 NW 49 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	DVTS
NAME	ESTIMA, LUIS F.
STREET ADDRESS	16175 NW 49 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VAS
NAME	BLENKER, DAVID
STREET ADDRESS	16175 NW 49 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	AS
NAME	BLOOM, SI H.
STREET ADDRESS	16175 NW 49TH AVE
CITY-ST-ZIP	MAIMI, FL

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)(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: _____ March 25, 2004 (305) 624-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #