


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K17083 1. Entity Name TAURUS DISTRIBUTORS, INC.	
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Principal Place of Business 16175 NW 49 AVE MIAMI, FL 33014-314 US	Mailing Address 16175 NW 49 AVE MIAMI, FL 33014-314 US
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0038767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COPROLITE CORPORATION 1 SE 3RD AVE, SUITE 2130 MIAMI, FL 33131
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6. 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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MURGEL, CARLOS A.P. 16175 NW 49 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS MORRISON, ROBERT 16175 NW 49 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT SOARES, RUY 16175 NW 49 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS ESTIMA, LUIS F. 16175 NW 49 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS BLENKER, DAVID 16175 NW 49 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BLOOM, SI H. 16175 NW 49TH AVE MAIMI, FL

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03/22/05-80006-011 150.00

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** **Feb. 24, 2005** (305) 624-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #