## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE;

## Aug 19, 2004 8:00 am Secretary of State DOCUMENT # L15955 1. Entity Name 08-19-2004 90051 014 \*\*\*150.00 TAURUS & BEZZERO CORP. Principal Place of Business Mailing Address % MARGARITA HIROOKA 4225 N.W. 73RD WAY CORAL SPRINGS FL 33065 % MARGARITA HIROOKA 4225 N.W. 73RD WAY CORAL SPRINGS FL 33065 **J4U00864** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State City & State 4. FEI Number Applied For 65-0149263 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIROOKA, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 4225 N W 73RD WAY **CORAL SPRINGS FL 33065** Zip Code City 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TIT) F □ Change ☐ Addition TITLE HIROOKA, MARGARITA NAME NAME 4225 N W 73RD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change JIMENEZ, ANDRES STREET ADDRESS 4225 N W 73RD WAY STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP TITLE Delete . TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

FILED

Daytime Phone #

## ATTACHMONT 5406XX64 # L15955

8/16/04

Division of Corporations Annual Report Section Tallahassee Fea. 32214

Dear Sirs:

We did not received the

Zor4 Corp. Report.

report and we hope to take in Consideration our request.

(AUGUS + Beggers Gorp