2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # M04118

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90339 049 ***158.75

1. Entity Name TAURUS DEVELOPMENT TWO, INC.							01302	2001702	,,,,,	130.73
1350 E NEWPORT CENTER			Mailing Address P.O. BOX 4219 DEERFIELD BEACH, FL 33442 US		US		BENN ANDER NESS MEDER (B.		01504	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262004	Chg-P	CR2EC	034 (10/03)	
City & State			City & State		4. FEI Numbe 59-2450				oplied For ot Applicable	
Zip	Country		Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of	of Current Regist	ered Agent		7. Name and Address of New Registered Agent					
DEIDLING OUTSTEED					Name					
REIBLING, GUENTHER 1350 E NEWPORT CTR DR. STE 206					Street Address	(P.O. Box Numbe	er is Not Acceptable	e) .		
DEERFIELD BEACH, FL 33442										
					City			FL	}	
8. The above the obligati	named entity submits this st tions of registered agent.	tatement for the po	urpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of reg	gistered agent and title if	applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					ncing \$5	.00 May Be ded to Fees				
10.	OFFIC	TORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	! ■								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Delete						Change	☐ Addition

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA G. KASSOF

04/27/2004

(954) 428-4585

Daytime Phone #