

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # M04118

1. Entity Name
TAURUS DEVELOPMENT TWO, INC.



Principal Place of Business
**1350 E NEWPORT CENTER
STE 206
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**P.O. BOX 4219
DEERFIELD BEACH, FL 33442 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2450419	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REIBLING, GUENTHER
1350 E NEWPORT CTR DR.
STE 206
DEERFIELD BEACH, FL 33442**

**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, 2008 Fee will be \$550.00**

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

**000000913236
05/08/08-80008-005 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P REIBLING, LORENZ 1350 E. NEWPORT CTR DR STE 206 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VST REIBLING, GUENTHER 1350 E. NEWPORT CTR DR STE 206 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPAS KASSOF, LINDA G 1350 E. NEWPORT CTR DR STE 206 DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Linda Kassof

18 APR 2008

954 428 4520