


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M52902 1. Entity Name TAURUS HELMETS, INC.	
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Principal Place of Business 16175 N.W. 49TH AVENUE MIAMI, FL 33014	Mailing Address 16175 N.W. 49TH AVENUE MIAMI, FL 33014
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2813857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPOLITE CORPORATION 2130 SUNTRUST INTERNATIONAL CENTER 1 SE 3RD AVENUE MIAMI, FL 33131
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000100157 03/31/04-80032-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURGEL, CARLOS A.P. 16175 N.W. 49TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST ESTIMA, LUIS F. 16175 N.W. 49TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS MORRISON, ROBERT G 16175 N.W. 49TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT SOARES, RUY 16175 N.W. 49TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BLOOM, SI H 16175 NW 49TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS BLENKER, DAVID 16175 N.W. 49 AVE MIAMI, FL

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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)(b), 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 #