

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M52902

1. Entity Name
TAURUS HELMETS, INC.



Principal Place of Business
**16175 N.W. 49TH AVENUE
MIAMI, FL 33014**

Mailing Address
**16175 N.W. 49TH AVENUE
MIAMI, FL 33014**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2813857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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

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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURGEL, CARLOS A.P.
STREET ADDRESS 16175 N.W. 49TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE DVST
NAME ESTIMA, LUIS F.
STREET ADDRESS 16175 N.W. 49TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE VAS
NAME MORRISON, ROBERT G
STREET ADDRESS 16175 N.W. 49TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE VAT
NAME SOARES, RUY
STREET ADDRESS 16175 N.W. 49TH AVE.
CITY-ST-ZIP MIAMI, FL

TITLE AS
NAME BLOOM, SLH
STREET ADDRESS 16175 NW 49TH AVENUE
CITY-ST-ZIP MIAMI, FL

TITLE VAS
NAME BLENKER, DAVID
STREET ADDRESS 16175 N.W. 49 AVE
CITY-ST-ZIP MIAMI, FL

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03/22/05-80006-012 150.00

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IN THIS SPACE**

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:

Robert Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 28, 2005 (305) (24-1115)
Date Daytime Phone #