

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028963

FILED
Feb 02, 2009
Secretary of State

Entity Name: TAURANT CONSULTING, INC.

Current Principal Place of Business:

2624 ORCHARD DR.
APOPKA, FL 327122596

New Principal Place of Business:

2624 ORCHARD DR.
APOPKA, FL 327122596 US

Current Mailing Address:

P.O. BOX 916295
LONGWOOD, FL 327126295

New Mailing Address:

P.O. BOX 916295
LONGWOOD, FL 327126295 US

FEI Number: 59-3628627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALSANO, GERARDO M
2624 ORCHARD DR.
APOPKA, FL 327122596 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALSANO, GERARDO M
Address: 2624 ORCHARD DR.
City-St-Zip: APOPKA, FL 327122596

Title: TD () Delete
Name: SALSANO, CAROLYN E
Address: 2624 ORCHARD DR.
City-St-Zip: APOPKA, FL 327122596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARDO M. SALSANO

PD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date