## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000032937

FILED Feb 06, 2004 Secretary of State

Entity Name: TAURUS BUSINESS CENTER ASSOCIATES, INC.

current F	Principal Place	of Business:	New Principal Place	or Business:
	TIRLING ROAD OOD, FL 3302			
Current Mailing Address:			New Mailing Address:	
	TIRLING ROAD OOD, FL 3302			
El Numbe	r: 65-1089242	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame an	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
850-C S	CH, FRED A TIRLING ROAD OOD, FL 3302	) 0		
he above		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity : e of Florida. RE:			ed office or registered agent, or both,
The above in the Stat	e named entity : e of Florida. RE: Electror	nic Signature of Registered Ag		ed office or registered agent, or both,  Date
The above the Stat SIGNATU	e named entity se of Florida.  RE: Electror  mpaign Financing	nic Signature of Registered Agg	ent	Date
The above the Stat SIGNATU	e named entity : e of Florida. RE: Electror	nic Signature of Registered Agg	ent	
he above the State GNATU  Jection Ca	e named entity se of Florida.  RE: Electror  mpaign Financing  S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS:	ent	Date
the above the State GNATU lection Ca DFFICER title: ame:	e named entity se of Florida.  RE: Electror  mpaign Financing  S AND DIREC  D ZOROVICH, FR	nic Signature of Registered Agg Trust Fund Contribution ( ). TORS:  Delete RED A	ent  ADDITIONS/CHANG  Title:  Name:	Date ES TO OFFICERS AND DIRECTOR
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I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRED A. ZOROVICH DIR 02/06/2004