

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000076578

1. Entity Name
TAORMINA PROPERTIES, INC.



Principal Place of Business
**150 W. FLAGLER ST., STE. 2200
MIAMI, FL 33130**

Mailing Address
**150 W. FLAGLER ST., STE. 2200
MIAMI, FL 33130**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1132211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREED, OWEN S
2200 MUSEUM TOWER
150 W. FLAGLER ST.
MIAMI, FL 33130**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SGROI, RODOLFO
STREET ADDRESS	LIBERTAD 1559, PISO 14
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,
TITLE	DST
NAME	SGROI, LILLIANA F
STREET ADDRESS	LIBERTAD 1559 PISO 14
CITY-ST-ZIP	ARGENTINA, AR baires
TITLE	AS
NAME	FREED, OWENS S
STREET ADDRESS	2200 MUSEUM TOWER 150 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000422388
02/17/06-80013-021 150.00

**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

2/3/06
Date

305-789-3456
Daytime Phone n