2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076578

Title:

Name:

Address: City-St-Zip:

Entity Name: TAORMINA PROPERTIES, INC.

() Delete

2200 MUSEUM TOWER 150 W. FLAGLER ST.

FREED, OWENS S

MIAMI, FL 33130

FILED Apr 03, 2009 Secretary of State

Entity Nui	iic. TAONIII	VATROLEKTILO, INO.					
Current Principal Place of Business:				New Principal Place of Business:			
150 W. FLAGLER ST., STE. 2200 MIAMI, FL 33130				848 BRICKELL KEY DRIVE 2304 MIAMI, FL 33131			
Current Mailing Address:				New Mailing Address:			
150 W. FLAGLER ST., STE. 2200 MIAMI, FL 33130				550 PUERTA AVENUE CORAL GABLES, FL 33143			
FEI Number:	65-1132211	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Des	sired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FREED, OWEN S 2200 MUSEUM TOWER 150 W. FLAGLER ST. MIAMI, FL 33130 US				FREED, OWEN S 550 PUERTA AVENUE CORAL GABLES, FL 33143 US			
	named entity e of Florida.	submits this statement for the	purpose of changi	ng its registered	office or registered age	nt, or both,	
SIGNATURE:				04/03/2009			
	Electron	nic Signature of Registered Ag	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SGROI, RODO LIBERTAD 155		Title: Name: Address: City-St-Z		() Change () Addition		
Title: Name: Address: City-St-Zip:	DST (SGROI, LILLIA LIBERTAD 155 ARGENTINA, A	9 PISO 14	Title: Name: Address: City-St-Z		() Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

AS

FREED, OWENS S

550 PUERTA AVENUE

CORAL GABLES, FL 33143

(X) Change () Addition

SIGNATURE: OWEN S. FREED AS 04/03/2009