2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082844

FILED Feb 24, 2007 Secretary of State

Entity Name: TAUREL ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	FANY TRACE FON, FL 33487				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ST., SUITE 21 FON, FL 33432				
FEI Number:	65-1146460	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ISRAEL, JAMES E 28 SE 4TH ST. BOCA RATON, FL 33432 US			SUITE # 106	201 NORTH FEDERAL HIGHWAY	
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				02/24/2007	
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () BENATAR-COH 17675 TIFFAN BOCA RATON,	TRACE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () BENATAR-LASE 17348 BERMUE BOCA RATON,	A VILLAGE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () BENATAR-COH 6650 NW 25TH BOCA RATON,	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BENATAR-FARA	TRY CLUB DR UNIT 1811	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAIME BENATAR COHEN PD 02/24/2007

BENATAR-LASRY, JAIME

BOCA RATON, FL 33487

17348 BERMUDA VILLAGE DR

Name:

Address:

City-St-Zip: