## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT # P04000078769** 1. Entity Name TAURUS INDUSTRIES, INC. Principal Place of Business Mailing Address 64 EAST MAIN STREET APOPKA, FL 32703 US **64 EAST MAIN STREET** APOPKA, FL 32703 US CR2E034 (11/05) 04042006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-1132632 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAYEE, JAYANTI 64 EAST MAIN STREET DO NOT WRITE APOPKA, FL 32703 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ŤŪ. TITLE NAME NAYEE, JAYANTI 1100000495808 64 EAST MAIN STREET STREET ADDRESS บ4/21/U6-80025-010 150.00 APOPKA, FL 32703 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ACCIDENCESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-77P WE NAME

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 call, that I am an officer or director of the corporation or the section 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. 210 ~ 6646 SAYANH NAYER

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

415106

6646

FILED

Daytime Phone #