

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90051 025 \*\*\*150.00

<b>DOCUMENT # P04000104595</b>					
<b>1. Entity Name</b> TARAS CONSULTANCY, INC.					
<b>Principal Place of Business</b> 960 ALTON ROAD MIAMI BEACH, FL 33139 US			<b>Mailing Address</b> 960 ALTON ROAD MIAMI BEACH, FL 33139 US		
<b>2. Principal Place of Business</b> 8300 SW 161 St Suite, Apt. #, etc.		<b>3. Mailing Address</b> P. O. Box 398686 Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami Beach, Florida		<b>4. FEI Number</b> 51-0516537	
Zip 33157		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33157		Country USA		<b>5. "Certificate of Status" Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Antony Murray Street Address (P.O. Box Number is Not Acceptable) 8300 SW 161 St City Miami FL Zip 33157		
<b>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.</b> SIGNATURE:  PRINCIPAL DATE: 3/27/05 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, ANTONY 8300 SW 161 STREET MIAMI, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> DATE: 3/27/05 DAYTIME PHONE #: 305-608-1908 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					