2005 FOR PROFIT CORPORATION ANNUAL REPORT

08-01-2005 90028 036 ***150.00 **DOCUMENT # P04000135467** INTERNATIONAL TAURUS SERVICES, INC. 50058965 Mailing Address Principal Place of Business 124 SANTA CLARA DRIVE #3 124 SANTA CLARA DRIVE #3 NAPLES, FL 34104 NAPLES, FL 34104 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07142005 Cha-P CR2E034 (10/03) Applied For City & State City & State FEI Number 201742769 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABANSKI, WOJCIECH Street Address (P.O. Box Number is Not Acceptable) 124 SANTA CLARA DRIVE #3 NAPLES, FL 34104 City Zip Code FL injity 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 8. The above named spred agent. the obligations of <u>CABANSKI WOJCIECH - PAESUMENT</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME CABANSKI, WOJCIECH NAME 124 SANTA CLARA DRIVE #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP TITE F ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete fill F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 1ITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of tugsee 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 explanation of the receiver of tugsee. With all other like empowered.

SIGNATURE AND THE BOOK PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Aug 01, 2005 8:00 am Secretary of State



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 14, 2005

INTERNATIONAL TAURUS SERVICES, INC. 124 SANTA CLARA DRIVE #3 NAPLES, FL 34104

SUBJECT: INTERNATIONAL TAURUS SERVICES, INC. Ref. Number: P04000135467

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 605A00046544