

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90022 019 ***150.00

DOCUMENT # P04000135467

1. Entity Name
INTERNATIONAL TAURUS SERVICES, INC.



Principal Place of Business

124 SANTA CLARA DRIVE #3

NAPLES, FL 34104

2666 KINGS LAKE BLVD
NAPLES FL 34112

Mailing Address

P.O. BOX 7375

NAPLES, FL 34101

P.O. BOX 7375
NAPLES FL 34101



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1742769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABANSKI, WOJCIECH

124 SANTA CLARA DRIVE #3

NAPLES, FL 34104

2666 KINGS LAKE BLVD
NAPLES FL 34112

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CABANSKI, WOJCIECH
STREET ADDRESS	124 SANTA CLARA DRIVE #3 2666 KINGS LAKE BLVD
CITY- ST- ZIP	NAPLES, FL 34104 NAPLES FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CABANSKI WOJCIECH 2/2/07