


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90046 046 \*\*\*150.00

|  |   |                                 |   |   |  |
|--|---|---------------------------------|---|---|--|
| <b>DOCUMENT # P04000154788</b><br>1. Entity Name<br><b>TAURUS-WOTAN MACHINE TOOL, INC.</b>   |   |                                 |   |    |  |
| Principal Place of Business<br><b>16175 N.W. 49TH AVENUE<br/>MIAMI, FL 33014</b>   |   |                                 | Mailing Address<br><b>16175 N.W. 49TH AVENUE<br/>MIAMI, FL 33014</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.   |   |  |
| City & State   |   |                                 | City & State  |   |  |
| Zip  |   | Country                         |   | Zip   |  |
| Country  |   | Country                         |   | 4. FEI Number<br><b>20-1938089</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COPROLITE CORPORATION<br/>ONE SOUTHEAST THIRD AVENUE<br/>SUITE 2100<br/>MIAMI, FL 33131</b>  |   |                                 |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPI<br><b>VELLOSO, JORGE P</b><br><b>16175 NW 49 AVE</b><br><b>HIALEAH, FL 33014</b>                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPIN<br><b>VELLOSO, JORGE P.</b><br><b>16175 NW 49 Ave</b><br><b>Hialeah, FL 33014</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>ESTIMA, LUIS F COSTA</b><br><b>16175 N.W. 49TH AVENUE</b><br><b>MIAMI, FL 33014</b>           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSAL<br><b>DEBARROS, EDUARD LOPES</b><br><b>16175 NW 49 AVE</b><br><b>Hialeah, FL 33014</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PCEO<br><b>MORRISON, ROBERT</b><br><b>16175 N.W. 49TH AVENUE</b><br><b>MIAMI, FL 33014</b>            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVAT<br><b>VIANNA SOARES, RUY FERNANDO</b><br><b>16175 N.W. 49TH AVENUE</b><br><b>MIAMI, FL 33014</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | EVPC<br><b>BLENKER, DAVID</b><br><b>16175 N.W. 49TH AVENUE</b><br><b>MIAMI, FL 33014</b>              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EVPS<br><b>BLENKER, DAVID</b><br><b>16175 NW 49 Ave</b><br><b>MIAMI, FL 33014</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CFO<br><b>BLENKER, DAVID</b><br><b>16175 NW 49 Ave</b><br><b>MIAMI, FL 33014</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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. |   |                                 |   |   |  |
| <b>SIGNATURE:</b> <u>Robert G. Morrison</u> <b>3/23/07 (305)624-1115</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |                                 |   |   |  |

# ATTACHMENT

40064605

Attachment to 2007 Profit Corporation Annual Report

Document No. P04000154788

Taurus-Wotan Machine Tool, Inc.

FEI No. 20-1938089

11: Additions/Changes to Officers and Directors - Box No. 11

## COO

BLENKER, DAVID  
16175 NW 49 Avenue  
Miami, FL 33014

## Addition

## AS

BLASS, STEPHEN A.  
One Southeast Third Avenue  
Suite 2130  
Miami, FL 33161

## Addition