## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000120230

Entity Name: TAURUS FLOORING, INC.

**FILED** Aug 16, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

18601 CEDAR DR W 2905 WINKLER AVENUE FORT MYERS, FL 33967 **APT 707** 

FORT MYERS, FL 33916

**Current Mailing Address: New Mailing Address:** 

18601 CEDAR DR W 2905 WINKLER AVENUE **APT 707** FORT MYERS, FL 33967

FORT MYERS, FL 33916

FEI Number: 20-5549945 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMORIM, ANTONIO M AMORIM, ANTONIO M 18601 CÉDAR DR W 2905 WINKLER AVENUE FORT MYERS, FL 33967 US APT 707 FORT MYERS, FL 33916 US

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.

SIGNATURE: ANTONIO AMORIM 08/16/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete AMORIM, ANTONIO M Name:

18601 CEDAR DR W Address: City-St-Zip: FORT MYERS, FL 33967

Title: VPD (X) Delete Name: AMORIM, ANTONIO W 18601 CEDAR DR W Address: FORT MYERS, FL 33967 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

AMORIM, ANTONIO M Name:

2905 WINKLER AVENUE, APT 707 Address:

City-St-Zip: FORT MYERS, FL 33916

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO AMORIM PDT 08/16/2007