


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 006 ***150.00

DOCUMENT # P96000073072	
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1. Entity Name
TAURUS/GEMINI CORP.

Principal Place of Business 3802 N.E. 207 STREET UNIT 2303 AVENTURA, FL 33180	Mailing Address 3802 N.E. 207 STREET UNIT 2303 AVENTURA, FL 33180
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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

02132007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0699375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RESTREPO, RAFAEL F
3802 NE 20TH ST, #2303
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **RESTREPO, RAFAEL F**

Street Address (P.O. Box Number is Not Acceptable)

3802 NE 207 ST. #2303

City **AVENTURA**

FL

Zip Code **33180**

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	P	<input type="checkbox"/> Delete
NAME	RAFAEL, RESTREPO F	
STREET ADDRESS	3802 NW 207 ST 2303	
CITY-ST-ZIP	AVENTURA, FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	RESTREPO, MARIA E	
STREET ADDRESS	3802 NE 207TH ST, #2303	
CITY-ST-ZIP	AVENTURA, FL 33180	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	RESTREPO, RAFAEL F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3802 NE 207 ST. #2303	
STREET ADDRESS	AVENTURA, FL 33180	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rafael Restrepo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-07

Date

Daytime Phone #

305 773 2699