

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90474 043 ***150.00

DOCUMENT # P96000078695



1. Entity Name
TAURUS VENTURES, INC.

Principal Place of Business
**390 BUSINESS PARKWAY, STE. L
ROYAL PALM BEACH, FL 33411**

Mailing Address
**390 BUSINESS PARKWAY, STE. L
ROYAL PALM BEACH, FL 33411**

54053943



2. Principal Place of Business
**11985 Southern Blvd
Suite, Apt. #, etc.
190**

3. Mailing Address
**11985 Southern Blvd
Suite, Apt. #, etc.
190**

05072004 Chg-P CR2E034 (10/03)

City & State
**Royal Palm Beach
Zip
33411**

City & State
**Royal Palm Beach
Zip
33411**

4. FEI Number
65-0749854

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMBERT, JEFFREY ESQ.
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DEINEMA, STEPHEN J
11935 SOUTHERN BLVD #190
ROYAL PALM BEACH, FL 33411**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11985 Southern Blvd #190

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

Daytime Phone #