2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # P96000081676

1. Entity Name
TAURUS REALTY CORPORATION

Principal Place of Business
1350 E NEWPORT CENTER
SUITE #206
DEERFIELD BEACH, FL 33442

Mailing Address
PO BOX 4219
DEERFIELD BEACH, FL 33442-4219

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2007115
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REIBLING, LORENZ
1350 E NEWPORT CENTER DR
SUITE #206
DEERFIELD BEACH, FL 33442

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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, 2008 Fee will be $550.00

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

H00000084299
02/28/08-80047-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E NEWPORT CENTER DR SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	REIBLING, LORENZ
STREET ADDRESS	1350 E NEWPORT CENTER DR SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VPAS
NAME	KASSOF, LINDA G
STREET ADDRESS	1350 E NEWPORT CENTER DR SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 18, Feb. 2008 954-428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #