

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 SEP 18 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000043574

1. Entity Name
TAURUS COMPUTER SERVICES, INC.

Principal Place of Business

321 WEST PARK DRIVE
APT 101
MIAMI, FL 33172

Mailing Address

321 WEST PARK DRIVE
APT 101
MIAMI, FL 33172



09142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0754699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, JORGE E
321 WEST PARK DRIVE
APT 101
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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 15, 2006**

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 | P |
| NAME | GONZALEZ, JORGE E |
| STREET ADDRESS | 321 WEST PARK DRIVE, APT 101 |
| CITY - ST - ZIP | MIAMI, FL 33172 |
| TITLE | S |
| NAME | HORMAZABAL, MIRIAN R |
| STREET ADDRESS | 321 WEST PARK DRIVE APT 101 |
| CITY - ST - ZIP | MIAMI, FL 33172 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

500080026315
09/21/06--01023--011 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE GONZALEZ

9/13/06 305-984 1059

Date Daytime Phone #

2C 9/20