


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90339 001 ***158.75

DOCUMENT # P97000069819						
1. Entity Name TAURUS SOUTHERN INVESTMENTS CORP.						
Principal Place of Business 1350 EAST NEWPORT CENTER SUITE 206 DEERFIELD BEACH, FL 33422			Mailing Address P.O. BOX 4219 DEERFIELD BEACH, FL 33422			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0775435		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
KAY, JAMES R 11505 FAIRCHILD GARDENS AVE. SUITE 203 PALM BEACH GARDENS, FL 33410			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REIBLING, LORENZ	NAME				
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE SUITE 206	STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33422	CITY-ST-ZIP				
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REIBLING, GUENTHER	NAME				
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE SUITE 206	STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33422	CITY-ST-ZIP				
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KASSOF, LINDA	NAME				
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE SUITE 206	STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH, FL 33422	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
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: <i>Lon A J</i>		PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		
				Daytime Phone #		