

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**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**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0775435**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAY, JAMES R  
LAY LAW OFFICES  
700 VILLAGE SQUARE CROSSING, SUITE 102B  
PALM BEACH GARDENS, FL 33410**

**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  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REIBLING, LORENZ  
1350 EAST NEWPORT CENTER DRIVE SUITE 206  
DEERFIELD BEACH, FL 33422**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
REIBLING, GUENTHER  
1350 EAST NEWPORT CENTER DRIVE SUITE 206  
DEERFIELD BEACH, FL 33422**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
KASSOF, LINDA  
1350 EAST NEWPORT CENTER DRIVE SUITE 206  
DEERFIELD BCH, FL 33422**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000716618  
04/30/07-80015-014 158.75

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

**Linda Kassof**

**4-14-07**

Date

**954 428-4585**

Daytime Phone #