

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000035314

1. Entity Name
TAURUS APARTMENTS STAR 1, INC.



Principal Place of Business

**1350 EAST NEWPORT CENTER DR.
STE. 206
DEERFIELD BEACH, FL 33442**

Mailing Address

**1350 EAST NEWPORT CENTER DR.
STE. 206
DEERFIELD BEACH, FL 33442**



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0921502

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
KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING, STE. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REIBLING, LORENZ
STREET ADDRESS	1350 E. NEWPORT CENTER DR. STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E. NEWPORT CENTER DR. STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	KASSOF, LINDA
STREET ADDRESS	1350 E. NEWPORT CENTER DR. STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80061-004 158.75

**DO NOT WRITE
IN THIS SPACE**

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

Linda Kassof

Date

Daytime Phone #

04/22/2005 (954) 428-4585