


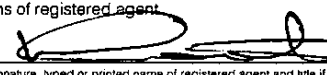
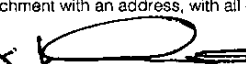
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90060 029 \*\*\*150.00

**50059522**



DOCUMENT # F02000005453			
1. Entity Name EUROBUNGNYC, INC.			
Principal Place of Business 12801 W. SUNRISE BLVD. FORT LAUDERDALE, FL 33323		Mailing Address 7905 SANIBEL DR TAMARAC, FL 33321	
2. Principal Place of Business <b>NOT CONDUCTING BUSINESS</b>		3. Mailing Address <b>713 Collins Ave</b>	
Suite, Apt. #, etc. <b>29</b>		Suite, Apt. #, etc. <b>29</b>	
City & State <b>MIAMI, BEACH</b>		City & State <b>MIAMI, BEACH</b>	
Zip <b>33139</b>	Country	Zip <b>33139</b>	Country
4. FEI Number 22-3845723		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOMBS, DANIEL 7905 SANIBEL DR. TAMARAC, FL 33321		7. Name and Address of New Registered Agent	
<p><b>→ 713 Collins Ave</b>  <b>#29</b>  <b>MIAMI BEACH, FL</b>  <b>33139</b></p>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b>	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: 		B. DANIEL COOMBS (Secr.) 7-29-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEES \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERBECK-TERRICK, LYNN-ANNE	NAME	
STREET ADDRESS	3420 PINEWALK DR N APT 733	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRIER, LOUI A	NAME	
STREET ADDRESS	3420 PINEWALK DR N APT 733	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, BRIGHAM DANIEL	NAME	
STREET ADDRESS	7905 SANIBEL DR	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KECK, ANTHONY E	NAME	
STREET ADDRESS	1444 NORTH JOHNSON STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS, LA 70116	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: 		B. DANIEL COOMBS	
Signature and typed or printed name of signing officer or director		Date	7-29-05 305 695 4189
		Daytime Phone #	