## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35646

Entity Name: EUROHOLDINGS, INC.

Apr 12, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1901 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

1901 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

FEI Number: 65-0164095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRUYOL, MIGUEL 1901 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition THERIAGA, JOSEPH Name: Name: THERIAGA, JOSEPH Address: Address:

1901 PONCE DE LEON BLVD. 1901 PONCE DE LEON BLVD. City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33134

( ) Delete Title: Title: () Change () Addition

Name: TRUYOL. MIGUEL Name: 1901 PONCE DE LEON BLVD Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete VΡ

KELLY, EDGAR Name: KELLY, EDGAR Name:

1901 PONCE DE LEON BLVD 1901 PONCE DE LEON BLVD Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL TRUYOL **CFO** 04/12/2005