2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P03000000680** 04-23-2004 90214 027 ***158.75 EURO AIRPORT CROSSINGS, INC. Principal Place of Business Mailing Address 4300 WEST CYPRESS STREET 4300 WEST CYPRESS STREET 54039424 **SUITE 1075 SUITE 1075 TAMPA, FL 33607** TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Cha-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 02- 046971 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMEURCO MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4300 WEST CYPRESS STREET **SUITE 1075 TAMPA, FL 33607** City 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. 1 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Defete TITLE TITLE **Yrisident** ☐ Change Hurman Bussem 4300 W. Cypress St., Suite 1075 Tampa, FL 33607 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Tampa Spiker Execultive Change TITLE ☐ Delete TITLE michaele NAME NAME 4300 W. Cypriss St. Suite 1075 STREET ADDRESS STREET ADDRESS 33407 CITY-ST-ZIP CITY-ST-ZIP Tampa, Change Addition TITLE Detete TITLE Romain De Jaear NAME NAME Suite 1075 ampa, FL 33407 STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ccreta Chance **⊠** Addition TITLE ☐ Delete NAME NAME 7255 St.) SU - 33607 STREET ADDRESS STREET ADDRESS ∞ ω CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE omain NAME NAME Suite 1075 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Change X Addition TITLE ☐ Delete TITI F NAME NAME Michael STREET ADDRESS STREET ADDRESS 300 u CITY-ST-ZIP tamou 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.

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED