


FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90109 029 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000038098

1. Entity Name
EUROBUNGY FLORIDA, INC.



Principal Place of Business Mailing Address

3420 PINEWALK DR. N. 3420 PINEWALK DR. N.
733 # 733
MARGATE, FL 33063 US MARGATE, FL 33063 US

30049372



2. Principal Place of Business 3. Mailing Address

713 Collins Ave 713 Collins Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
#29 29

01212005 Chg-P CR2E034 (10/03)

City & State City & State

MIA BEACH FL MIAMI BEACH FL

Zip Zip Country Country

33139 33139

4. FEI Number Applied For

20-0855938 Not Applicable

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

6. Name and Address of Current Registered Agent

VERBECK-TERRIER, LYNNANNE
3420 PINEWALK DR. N.
733
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Next BRIGHAM D. COOMBS
Street Address (P.O. Box Number is now Acceptable)
713 Collins Ave #29
City MIAMI BEACH, FL Zip Code 33139

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 the obligations of registered agent.


SIGNATURE:  DATE: 5.01.05

(PRINT NAME, TITLE OR PRINTED NAME OF REGISTERED AGENT AND SIGNATURE) (NOTE: Registered Agent signature required when registering) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERBECK-TERRIER, LYNNANNE	NAME	
STREET ADDRESS	3420 PINEWALK DR. N. #733	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRIER, LOUI	NAME	
STREET ADDRESS	3420 PINEWALK DR. N. #733	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, DANIEL	NAME	
STREET ADDRESS	3420 PINEWALK DR. N. #733	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERBECK, JAMES L II	NAME	
STREET ADDRESS	148 VERBECK LANE	STREET ADDRESS	
CITY-ST-ZIP	PHILPSBURG, PA 16866	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KECK, TONY	NAME	
STREET ADDRESS	1444 N JOHNSON STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS, LA 70118	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSARELLI, GERYE	NAME	
STREET ADDRESS	4759 E AVENIDA DEL CAZADOR	STREET ADDRESS	
CITY-ST-ZIP	TUCSON, AZ 85718	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)(f), 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:  DATE: 5.01.05 (305) 300 7307

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR