

5/3/2007-90070-012-\$150.00-\$150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 11 PM 4:04

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000067912

1. Entity Name
EURO FAUX INC.



Principal Place of Business
**7591 159TH CT NORTH
PALM BEACH GARDENS, FL 33418 US**

Mailing Address
**7591 159TH CT NORTH
PALM BEACH GARDENS, FL 33418 US**

2. Principal Place of Business - No P.O. Box
9712 Coronado Lake Lane

3. Mailing Address
9712 Coronado Lake Ave

Suite, Apt. #, etc.



04802007 Chg-P CR2E034 (12/06)

City & State
Bonita Beach, FL

City & State
Bonita Beach, FL

Zip
33437

Country
US

4. FEI Number

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD.,
SUITE 400
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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: _____ (NOTE: Registered Agent signatures required when retreating) DATE: _____

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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 NAME STREET ADDRESS CITY - ST - ZIP	P SZABAD, HENRIK A 7591 159TH CT NORTH PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENRIK A SZABAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9712 Coronado Lake Lane Bonita Beach, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with all other the empowered.

SIGNATURE: *Henrik A Szabad* 4/30/07 561/929-9250