

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000056031

1. Entity Name  
EURO EXCHANGE, CORP.



Principal Place of Business  
1717 NORTH BAY SHORE DRIVE SUITE 129  
MIAMI, FL 33132

Mailing Address  
1717 NORTH BAY SHORE DRIVE SUITE 129  
MIAMI, FL 33132



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0938620

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GASPARINI, LUIS  
1717 NORTH BAY SHORE DRIVE SUITE 129  
MIAMI, FL 33132

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GASPARINI, LUIS  
STREET ADDRESS 1717 NORTH BAY SHORE DRIVE SUITE 129  
CITY - ST - ZIP MIAMI, FL 33132

TITLE  
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U00000227321  
02/12/05-80051-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

02/09/05

Date

Daytime Phone #