
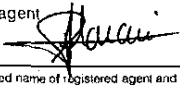
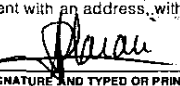


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90110 001 \*\*\*310.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # P01000002930</b><br>1. Entity Name<br><b>EUCLID GRANDE, INC.</b>  |   |  |  |                |  |
| Principal Place of Business<br><b>719 MERIDIAN AVE</b><br><b>2</b><br><b>MIAMI, FL 33139</b>  |   |  | Mailing Address<br><b>719 MERIDIAN AVE</b><br><b>2</b><br><b>MIAMI, FL 33139</b>   |   |  |
| 2. Principal Place of Business<br><b>1225 ALTON ROAD</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>1225 ALTON ROAD</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>MIAMI BEACH FLORIDA</b><br>Zip<br><b>33139</b>   |   | City & State<br><b>MIAMI BEACH FLORIDA</b><br>Zip<br><b>33139</b>  |  | 4. FEI Number<br><b>65-1081298</b>  |  |
| Country<br><b>USA</b>   |   | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARARI, PHILIPPE</b><br><b>18671 COLLINS AVE</b><br><b>#401</b><br><b>SUNNY ISLES BEACH, FL 33160</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>HARARI PHILIPPE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1225 ALTON ROAD</b><br>City<br><b>MIAMI BEACH</b> <b>FL</b> Zip Code<br><b>33139</b> |   |  |
| 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  <b>PHILIPPE HARARI DPS</b> <b>07/15/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPS<br><b>HARARI, PHILIPPE</b><br><b>719 MERIDIAN AVE 2</b><br><b>MIAMI, FL 33139</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPS<br><b>HARARI PHILIPPE</b><br><b>1225 ALTON ROAD</b><br><b>MIAMI BEACH - FLORIDA - 33139</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  <b>PHILIPPE HARARI</b> <b>07/15/04</b> <b>3052835151</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |   |  |

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07162004 Chg-P CR2E034 (10/03)