2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L33986

Title:

Name:

Address:

City-St-Zip:

FILED Nov 10, 2005 Secretary of State

Entity Name: EUROPEAN INVESTMENTS INC. **Current Principal Place of Business: New Principal Place of Business:** 444 BRICKELL AVE. SUTIE 51-246 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 444 BRICKELL AVE. SUTIE 51-246 MIAMI, FL 33131 FEI Number: 65-0173129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **IBC FIDUCIARY INC** 100 S.E. 2ND STREET STE. 2315 MIAMI, FL 33131 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LOFDAL, R., LOFDAL, R Name: Name: KARLSGATAN 3 KARLSGATAN 3 Address: Address: City-St-Zip: HELSINGBORG, SWEDEN, City-St-Zip: HELSINGBORG, SWEDEN, SE SWEDEN SE

Title: **DPAS** Title: DVP () Delete (X) Change () Addition HENLEY, J., HENLEY, J Name: Name: 444 BRICKELL AVE #51-246 444 BRICKELL AVE #51-246 Address: Address: MIAMI, FL 33131 MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: **VPAS** () Delete Title: TS (X) Change () Addition ROMAN, M HENLEY, J Name: Name: 444 BRICKELL AVE., 51-246 444 BRICKELL AVE., 51-246 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

AS

ROMAN, M

MIAMI, FL 33131

444 BRICKELL AVE., 51-246

() Change (X) Addition

SIGNATURE: J. HENLEY D 11/10/2005

() Delete