

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90215 037 \*\*\*158.75

**DOCUMENT # L33986**

1. Entity Name  
**EUROPEAN INVESTMENTS INC.**



Principal Place of Business  
**14 RUE DES BAINS  
INTERNATIONAL CTR  
LUXEMBOURG, L-121**

Mailing Address  
**444 BRICKELL AVE.  
SUITE 51-246  
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #  
**14 RUE DES BAINS, INT'L CENTER**

3. Mailing Address  
**444 BRICKELL AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**51-246**

City & State  
**LUXEMBOURG**

City & State  
**MIAMI, FL**

04232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0173129**

Applied For  
Not Applicable

Zip  
**L-1212**

Country  
**LUXEMBOURG**

Zip  
**33131**

Country  
**USA**

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

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

**IBC FIDUCIARY INC.  
100 S.E. 2ND STREET  
STE. 2315  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**IBC FIDUCIARY INC**

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

**100 SE 2<sup>ND</sup> STREET, SUITE # 2222-A**

City  
**MIAMI**

**FL**

Zip Code  
**33131**

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 the filer in Florida

**IBC FIDUCIARY Inc.**

(NOTE: Registered Agent signature required when reinstating)

**04/23/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LOFDAL, R  
STORTORGET 9  
HELSINGBORG, SWEDEN, SW 25220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
HENLEY, J  
444 BRICKELL AVE #51-246  
MIAMI, FL 33131** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TAS  
HENLEY, J  
444 BRICKELL AVE., 51-246  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ROMAN, M  
444 BRICKELL AVE., 51-246  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LOFDAL, R  
FAGELANGSGATAN 6, S-252 20  
HELSINGBORG, SWEDEN** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
PAULSON, M  
444 BRICKELL AVENUE # 51-246  
MIAMI, FL 33131** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. Henley**

**04-26-07**

Date

**n/a**

Daytime Phone #