

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L33986

FILED
Apr 27, 2009
Secretary of State

Entity Name: EUROPEAN INVESTMENTS INC.

Current Principal Place of Business:

14 RUE DES BAINS
INTERNATIONAL CTR
LUXEMBOURG, L-121

New Principal Place of Business:

14 RUE DES BAINS
INTERNATIONAL CTR
LUXEMBOURG, L 1212

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0173129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOFDAL, R
Address: FAGELSGATAN 6 S-252 20
City-St-Zip: HELSINGBORG, SWEDEN, SE

Title: DVP () Delete
Name: PAULSON, M
Address: 444 BRICKELL AVE #51-246
City-St-Zip: MIAMI, FL 33131

Title: TAS () Delete
Name: HENLEY, J
Address: 444 BRICKELL AVE., 51-246
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: SMEJDA, L
Address: 444 BRICKELL AVE 51-246
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LUCIUS SMEJDA

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04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date