


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

Dept OF STATE

DOCUMENT # F03000004777 1. Entity Name EUROPEAN CONSTRUCTION OF S.W. FLORIDA, INC. ✓	
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Principal Place of Business 3013 S.E. 5TH AVENUE CAPE CORAL, FL 33904	Mailing Address 3013 S.E. 5TH AVENUE CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3213399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASPIA, ANNA
3013 S.E. 5TH AVENUE
CAPE CORAL, FL 33904

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE (\$ \$150.00) After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000644002 03/02/07-80022-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASPIA, ANNA 3013 S.E. 5TH AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASPIA, SAVERIO 3013 SE 5TH AVE. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRARA, MAURIZIO 1805 SW 47TH TERR CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Date Daytime Phone #