

2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # F22222

1. Entity Name
EUROATLANTIC REALTY, INC.



Principal Place of Business

1395 BRICKELL AVE
STE 200
MIAMI, FL 33131 US

Mailing Address

1395 BRICKELL AVE
STE 200
MIAMI, FL 33131 US



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2086327

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, ROBERT W P.A.
1395 BRICKELL AVENUE
STE 650
MIAMI, FL 33131

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	PRES
NAME	MACHADO DA CRUZ, FRANCISCO JR
STREET ADDRESS	1395 BRICKELL AVE #200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	HARRINGTON, DONALD JR
STREET ADDRESS	1395 BRICKELL AVE #200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	SENKER, JOSEPH A
STREET ADDRESS	1395 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SEC
NAME	HARRINGTON, DONALD JR
STREET ADDRESS	1395 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

4/5/07

Date

(305) 371-3500

Daytime Phone #