

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
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
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2086327	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, ROBERT W P.A. 1395 BRICKELL AVENUE STE 650 MIAMI, FL 33131	
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000790687 01/23/08-80044-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MACHADO DA CRUZ, FRANCISCO JR 1395 BRICKELL AVE #200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRINGTON, DONALD JR 1395 BRICKELL AVE #200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENKER, JOSEPH A 1395 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HARRINGTON, DONALD JR 1395 BRICKELL AVENUE 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: 	Date <u>1/18/08</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		