

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90299 038 \*\*\*158.75

**DOCUMENT # H54088**

1. Entity Name  
**EUROPEAN VEHICULAR EQUIPMENT, INC.**



Principal Place of Business  
**10101 SW 138TH ST  
MIAMI, FL 33176**

Mailing Address  
**10101 S.W. 138TH ST.  
MIAMI, FL 33176**

**00042246**



**DO NOT WRITE IN THIS SPACE**

04172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2530531**

Applied For  
Not Applicable

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

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

**MILLER, MICHAEL M  
10101 SW 138 ST  
MIAMI, FL 33176**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KROIS, HERBERT
STREET ADDRESS	10101 SW 138TH ST.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	KROIS, CAROLE
STREET ADDRESS	10101 SW 138TH ST.
CITY-ST-ZIP	MIAMI, FL 33176
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 exemption stated in Section 119.07(3)(i), 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:**

*Carole Krois* **CAROLE KROIS**

*April 12, 2005*

*305 213 1819*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #