


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90013 036 ****50.00

DOCUMENT # L01000013290					
1. Entity Name EURO GLOBAL INVESTMENTS, LLC					
Principal Place of Business 4669 W IRLO BRONSON HWY KISSIMMEE, FL 34746			Mailing Address 4669 W IRLO BRONSON HWY KISSIMMEE, FL 34746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YUSUFALI, HUSSEINALI S 1202 POX QUARRY LANE SANFORD, FL 32773			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOSUFALI, HUSSEINALI 1202 FOX QUARRY LANE SANFORD, FL 32773			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIRJEE, GULAM 1202 FOX VIRJEE SANFORD, FL 32773			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>MUSTAFA YUSUFALI OPERATIONS MANAGER</u>				4/29/2005 407 396 1890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

20054365



04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3737858 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required