


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90175 048 \*\*\*100.00

<b>DOCUMENT # L03000044491</b> 1. Entity Name EURO-USA IMPORT & EXPORT, LLC	
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Principal Place of Business P.O. BOX 163502 MIAMI, FL 33116	Mailing Address P.O. BOX 163502 MIAMI, FL 33116
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**DO NOT WRITE IN THIS SPACE**



02072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0396747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  RINCON, SOFIA ELENA 10154 SW 164 PLACE MIAMI, FL 33196
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**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.

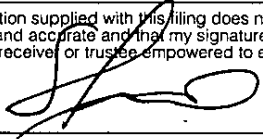
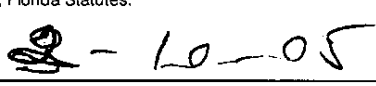
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELL'ORSI, ADRIANO VIA: NUOVA 39/1, FUNODI ARGELATO BOLOGNA, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TASSINARI, MARCO VIA: BITELLI N.3 44042 CENTO -FE, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINCON, SOFIA ELENA 10154 SW 164 PLACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #