

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05467

1. Entity Name
EUROPEAN PAINT & BODY INC.



Principal Place of Business
335 SW 15TH AVE
POMPANO BEACH, FL 33069

Mailing Address
335 SW 15TH AVE
POMPANO BEACH, FL 33069



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0134507

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOROWITZ, SCOTT
335 SW 15TH AVE
POMPANO BEACH, FL 33069

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000933820

05/23/08 00007 012 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MOROWITZ, SCOTT
STREET ADDRESS 335 SW 15TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D
NAME FRASCA, FRANK
STREET ADDRESS 7177 DONNA RD
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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:

Scott Morowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

DATE

Daytime Phone #