


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L45776 1. Entity Name EWO INVESTMENTS U.S., INC.	
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Principal Place of Business C/O GILLESPIE AND ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432	Mailing Address C/O GILLESPIE AND ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2032148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILLESPIE, R BOWEN 1515 S FEDERAL HWY STE 300 BOCA RATON, FL 33432

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD MAIER, HANS-PETER 99 KLENZESTRASSE MUNICH, GERMANY, B0469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JAIS, WOLFGANG 99 KLENZESTRASSE MUNICH, WEST GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GILLESPIE, R BOWEN 1515 S FEDERAL HWY #300 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000193253 01/25/05-80053-007 150.00 DO NOT WRITE 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)(f), 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:  **JAIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 **0114989/20242201**
Date Daytime Phone #