

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L45776**

1. Entity Name  
**EWO INVESTMENTS U.S., INC.**



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**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2032148**

Applied For  
☐ Not Applicable

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

**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

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

**10. OFFICERS AND DIRECTORS**

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

U000000851813  
03/26/08-80003-019 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/08**

Date

**561/3685788**

Daytime Phone #