2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L50555

1. Entity Name
EURAMEX INC.

Principal Place of Business	Mailing Address
7249 SW 48TH ST	7249 SW 48TH ST
MIAMI, FL 33155 US	MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE

04192008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0178187	Not Applicable

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

6. Name and Address of Current Registered Agent

TORRIGIANI, MARC
15906 SW 90 CT
MIAMI, FL 33157

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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	P
NAME	TORRIGIANI, MARC A
STREET ADDRESS	15906 SW 90 CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V
NAME	TORRIGIANI, MARIE N
STREET ADDRESS	15906 SW 90 CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/08-80078-015 150.00

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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: _____   April 25/2008   (305) 668-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #