


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90026 031 \*\*\*150.00

<b>DOCUMENT # L76176</b> 1. Entity Name <b>EUROPA TECH, INC.</b>			
Principal Place of Business <b>75 NORTH YONGE ST. ORMOND BEACH FL 32174</b>		Mailing Address <b>555 W. GRANADA BLVD. SUITE G-10 ORMOND BEACH FL 32174-9409</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>840 Daytona Ave</b>  Suite, Apt. #, etc.	
City & State  Zip      Country		City & State <b>Holly Hill Florida</b> Zip      Country <b>32117</b>	
4. FEI Number <b>59-3011998</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MATTHIAS, KARL 75 NORTH YONGE ST. ORMOND BEACH FL 32174</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; background-color: #cccccc; padding: 5px;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 65%;">         9. Election Campaign Financing Trust Fund Contribution.      <input type="checkbox"/>      <b>\$5.00 May Be Added to Fees</b> </div> </div>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATTHIAS, KARL 75 NORTH YONGE ST. ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-9-04 356 677 0020</b> <small>Date      Daytime Phone #</small>	