

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90046 031 \*\*\*150.00

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01102005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L78326</b> 1. Entity Name <b>EUROSIGN METALWERKE, INC.</b>					
Principal Place of Business <b>1469 BANKS ROAD</b> <b>2170 NW 76TH TERR, PO BOX 63-6331</b> <b>MARGATE, FL 33063 US</b>			Mailing Address <b>PO BOX 93 6331</b> <b>2170 NW 76TH TERR, PO BOX 63-6331</b> <b>MARGATE, FL 33093 US</b>		
2. Principal Place of Business <i>1469 Banks Road</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 936331</i> Suite, Apt. #, etc.			
City & State <i>Margate FL</i> Zip <i>33063</i> Country <i>US</i>		City & State <i>Margate, FL</i> Zip <i>33093</i> Country <i>US</i>		4. FEI Number <b>65-0203971</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BULKAN, ALFRED M</b> <b>2170 NW 76TH TERR</b> <b>MARGATE, FL 33063</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BULKAN, JEROME R</b> <b>6310 NW 44TH AVE</b> <b>SAINT PETERSBURG, FL 33703</b> <i>Coconut Creek</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bulkan, Jerome R</i> <b>6310 NW 44th Ave</b> <b>Coconut Creek, FL 33073</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BULKAN, ALFRED M</b> <b>2170 NW 76TH TERR</b> <b>MARGATE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bulkan, Alfred M</i> <b>2170 NW 76th Terrace</b> <b>Margate, FL 33063</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BULKAN, ANDREW R</b> <b>5171 NW 31ST ST</b> <b>MARGATE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bulkan, Andrew R.</i> <b>5171 NW 31st Street</b> <b>Margate, FL 33063</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Jerome R. Bulkan</i> TRENASUREY			1/19/05 954979 1448 Date Daytime Phone #		