2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# N04956

Entity Name: EUZKAL TXOKO, INC.

Current Principal Place of Business:

5025 EAST FOWLER AVE SUITE 14
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5025 EAST FOWLER AVE SUITE 14
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-2463031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARRINAGA, R. MICHAEL
5025 EAST FOWLER AVE SUITE 14
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZULAIKA, JESUS M
Address: 5711 E. LONG BOAT BLVD
City-St-Zip: TAMPA, FL 33615

Title: TD ( ) Delete
Name: AGUIREZABAL, JUAN L
Address: 13505 FAOUN RIDGE BLVD
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete
Name: MAORTUA, JOSE L
Address: 1006 PEBBLESTONE PL
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete
Name: LOPEZ-RENEDO, JOSE PABLO
Address: 3325 WEST IVY STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L MAORTUA S 03/31/2005

Electronic Signature of Signing Officer or Director — Date