2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000071400

 $e = \sum_{i=1}^{n} e^{ix_i \cdot x_i} r$

FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90214 025 ***158.75

1. Entity Name EURO 951 GLENWOOD, INC.										
Principal Place of Business 4350 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607			Mailing Address 4350 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607			ეჭსაეჭინ				
2. Principal P	lace of Busin	ess	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04162004	Chg-P	CR2E0	34 (10/03)	
City & Siate			City & State			4. FEI Number Applied For 59-3666750 Not Applicable				
Zip	Country		Zip	Country			of Status Desired	Ŕ	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7, Name and Address of New Registered Agent Name					
AMEURCO MANAGEMENT, INC. 4350 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607					Street Address (P.O. Box Number is Not Acceptable)					
					City FL 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										
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND		11.			CHANGES TO OFF	ICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP						Charle.	Spiker Ipress s	st. , Si	□ Change Q Addition WHE 1075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete BESSEM, HERMAN 4300 W CYPRESS ST TAMPA, FL 33607				י אבן	main to	xe Jaeo ipress & L 334	\$F. 5 S	Change Addition Witte 1975	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	CITY	EET ADDRESS -ST-ZIP				Change Addition	

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.

813-353-8800 SIGNATURE: Daytme Phone #