

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90016 020 ***150.00

DOCUMENT # P00000073457 1. Entity Name EUROAMERICA DISTRIBUTOR, INC.					
Principal Place of Business 8306 MILLS DRIVE SUITE NO. 538 MIAMI, FL 33183			Mailing Address 8306 MILLS DRIVE SUITE NO. 538 MIAMI, FL 33183		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-1032909				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLARREAL, PEDRO 8306 MILLS DRIVE SUITE NO. 538 MIAMI, FL 33183			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VERGOSO, MANUEL 8306 MILLS DRIVE SUITE NO 538 MIAMI, FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GONZALEZ, RADAMES 8306 MILLS DRIVE SUITE NO. 538 MIAMI, FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VILLARREAL, PEDRO 8306 MILLS DRIVE SUITE NO. 538 MIAMI, FL 33183	☐ Delete			
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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: _____			2-27-06 (305) 266-2428		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		