

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000076290

1. Entity Name
EURO ALUMINIUM SYSTEMS CO.



Principal Place of Business

**7270 NW 12TH ST.
SUITE 840
MIAMI, FL 33126**

Mailing Address

**7270 NW 12TH ST.
SUITE 840
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



08202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1039084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ORTIZ, FERNANDO M
7270 NW 12TH ST.
SUITE 840
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000170582
08/23/04-80002-007 550.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ORTIZ, FERNANDO M
7270 NW 12TH ST. SUITE 840
MIAMI, FL 33126**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Fernando M. Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04 305 4722210

Date

Daytime Phone #