2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P00000078563 04-16-2004 90130 033 ***150.00 BC EURO DESIGNS INTERNATIONAL, INC. Principal Place of Business Mailing Address 7880 NW 61ST TERR 7880 NW 61ST TERR PARKLAND FL 33067 PARKLAND FL 33067 3. Mailing Address Pの・Box 21003(2. Principal Place of Business 2621 DANFORTH TERR. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State_ Applied For 65-1033511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COSOLITO, ROBERT 7880 NW 61ST TERR Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete Cosolito, RoberT COSOLITO, ROBERT MARKE 2621 DANFORTH TERRACE 7880 NW 61ST TERRACE STREET ADDRESS STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP CITY-ST-ZIP WEILINGTON FL 33421 VPSD Cosolito BAYBARA VPSD TITLE Delete TITLE 4-Change COSOLITO, BARBARA NAME NAME 2621 DANFORTH TERRACE STREET ADDRESS 7880 NW 61ST TERRACE STREET ADDRESS PARKLAND FL 33067 CITY-ST-7IP WELLINGTON PL 33421 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 trusted 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 tike empowered. SIGNATURE: Davime Phone

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