

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90214 003 ***158.75

DOCUMENT # P00000080930

1. Entity Name
EUROAMERICAN COMPANIES GROUP, INC



Principal Place of Business
**1437 SW 119TH AVENUE
PEMBROKE PINES, FL 33025**

Mailing Address
**1437 SW 119TH AVENUE
PEMBROKE PINES, FL 33025**

54039448



2. Principal Place of Business
3475 SHERIDAN ST.

3. Mailing Address
3475 SHERIDAN ST.

Suite, Apt. #, etc.
SUITE 212

Suite, Apt. #, etc.
SUITE 212

03252004 Chg-P CR2E034 (10/03)

City & State
HOLLYWOOD, FL.

City & State
HOLLYWOOD, FL.

4. FEI Number
65-1044309

Applied For
Not Applicable

Zip Country
33021 U.S.A.

Zip Country
33021 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARANES, LEONARDO
1437 SW 119TH AVE
PEMBROKE PINES, FL 33025**

Name
ARANES LEONARDO

Street Address (P.O. Box Number is Not Acceptable)

3310 EMERALD POINTE DR. - APT. #308 B

City **HOLLYWOOD** FL Zip Code **33021**

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 \$150.00
After May 1, 2004 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
**D
ARANES, LEONARDO
1437 SW 119TH AVE
PEMBROKE PINES, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARANES, LEONARDO
3310 EMERALD POINTE DR. APT. #308 B
HOLLYWOOD, FL 33021** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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: **Leonardo Aranes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2004 (854)442-2758

Date Daytime Phone #