




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000097923		
1. Entity Name EUROPA MOTOR WORKS CORP.		
Principal Place of Business 5802 S DALE MABRY HWY TAMPA, FL 33611		Mailing Address 5802 S DALE MABRY HWY TAMPA, FL 33611
DO NOT WRITE IN THIS SPACE		
		
03302004 No Chg-P CR2E034 (10/03)		
4. FEI Number 74-2976828		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOOSHMAND, ALI 5802 S DALE MABRY HWY #516 TAMPA, FL 33618-1850		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	HOOSHMAND, ALI	
STREET ADDRESS	5802 S DALE MABRY WAY #516	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	DVST	
NAME	FARJAMI, ALI R	
STREET ADDRESS	5802 S DALE MABRY HWY	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  Ali Hooshmand		Date 4.22.04 Daytime Phone # 813 839 4044