2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 02, 2005 8:00 am Secretary of State DOCUMENT # P0000099665 1. Entity Name 05-02-2005 90448 006 ***150.00 EURO EXPO 3000, INC. Principal Place of Business Mailing Address 3201 NE 14TH STREET, #201 3201 NE 14TH STREET, #201 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 8000 INC EURO EXPO 3000 INC. EURO EXPO Suite, Apt. #, etc. 357LANIER DEIVE 1st MOORE CR2E034 (10/04) 357LANIER City & State PALM SPRINGS City & State 4. FEI Number Applied For ALM SPRINGS FLORIDA 65-1068570 Not Applicable Country 33461 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LHOTA, DAVID P ESQ. Street Address (P.O. Box Number is Not Acceptable) **BOWEN & LHOTA, PA** 1000 W. MCNAB RD. POMPANO BEACH FL 33069 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 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. EURO EYPO 3000, WE. Delete TITLE TITLE (L) Change ☐ Addition MHAIA KONTOSOUA KONTOSOVA, MARIA NAME NAME 357LANIER DRIVE STREET ADDRESS 3201 NE 14TH STREET, #201 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP PALM SPRINGS FL. 33461 Delete EURO EXPU 3000, INC. TITLE TITLE Change Addition NAME KONTOS, EUGENE NAME EUGEN KONTOS STREET ADDRESS 3201 NE 14TH STREET, #201 STREET ADDRESS 35TLANIER DEIVE POMPANO BEACH FL 33062 FL. 83461 CITY-ST-7IP CITY-ST-7IP PALM SPRINGS TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP 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

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