

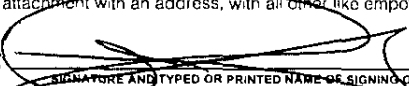


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000110487											
1. Entity Name EURO MANAGEMENT GROUP, INC.											
Principal Place of Business C/O CHINA GRILL 404 WASHINGTON AVENUE MIAMI BEACH, FL 33139			Mailing Address C/O CHINA GRILL 404 WASHINGTON AVENUE MIAMI BEACH, FL 33139								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262008 Chg-P CR2E034 (12/06)							
City & State		City & State		4. FEI Number 65-1058010							
Zip		Country		Applied For <input type="checkbox"/> Not Applicable							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent China Grill Management, Inc. 16400 NW 2nd Avenue Suite # 200 MIAMI, FL 33169				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE</td> <td style="width:40%; text-align: center;"> Jack Polsenberg CFO / TMP </td> <td style="width:30%; text-align: right;"> 03/26/08 </td> </tr> <tr> <td style="font-size: small;">Signature typed or printed name of registered agent and then applicable</td> <td style="font-size: small; text-align: center;">(NOTE: Registered Agent Signature required when reinstating)</td> <td style="font-size: small; text-align: right;">DATE</td> </tr> </table>						SIGNATURE	Jack Polsenberg CFO / TMP	03/26/08	Signature typed or printed name of registered agent and then applicable	(NOTE: Registered Agent Signature required when reinstating)	DATE
SIGNATURE	Jack Polsenberg CFO / TMP	03/26/08									
Signature typed or printed name of registered agent and then applicable	(NOTE: Registered Agent Signature required when reinstating)	DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHODOROW, JEFFREY 19925 NORTHWEST 39TH PLACE AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;"> U000000880874 04/15/08-80078-015 150.00 </div>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POLSENBERG, JACK 4 GARTLEY DRIVE NEWTOWN SQUARE, PA 19073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FAGGEN, NEIL 1248 GULPH CREEK DRIVE RADNOR, PA 19087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHODOROW, LINDA 19925 NORTH 39TH PLACE AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				3-26-08 305-957-0800							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #							