


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90214 035 ***158.75

DOCUMENT # P00000115921

1. Entity Name
EURO LATTA, INC.



Principal Place of Business
**C/O EURO AMERICAN MANAGEMENT INC.
 4350 W. CYPRESS STREET, SUITE 1075
 TAMPA, FL 33607**

Mailing Address
**C/O EURO AMERICAN MANAGEMENT INC.
 4350 W. CYPRESS STREET, SUITE 1075
 TAMPA, FL 33607**

54039416

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**AMEURCO MANAGEMENT, INC.
 4350 WEST CYPRESS STREET, SUITE 1075
 STE. 1075
 TAMPA, FL 33607**

4. FEI Number
59-3704281

Applied For
 Not Applicable

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV <input checked="" type="checkbox"/> Delete BURDGE, BRUCE D 4300 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BESSEM, HERMAN 4300 W. CYPRESS ST. SUITE 1075 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete DE JAEGER, ROMAIN 2514 AA DEN HAAG KONINGINNEGRACHT 7 THENETHERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete BESSEM, HERMAN 2500 BJ DEN HAAG KONINGINNEGRACHT 7 THE NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael E. Spiker 4300 W. Cypress Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Herman Bessem 4300 W. Cypress St., Suite 1075 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary & VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Romain De Jaeger 4300 W. Cypress St., Suite 1075 Tampa, FL 33607
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"/> Change <input type="checkbox"/> 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: Michael E. Spiker 4/20/04 813-353-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #