

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059319

1. Entity Name
EURO-ANTIQUES INC.



FILED
04 JUN -2 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2700 COCONUT BAY LN
APT 2L
SARASOTA, FL 34237

Mailing Address

2700 COCONUT BAY LN
APT 2L
SARASOTA, FL 34237

2. Principal Place of Business

4023 Swayel Road
Suite, Apt. #, etc.
NO: 230-231

3. Mailing Address

4023 Swayel Road
Suite, Apt. #, etc.
NO: 230-231

City & State

Sarasota FL
Zip 34233 Country U.S.A.

City & State

Sarasota FL
Zip 34233 Country U.S.A.

05052004 Chg-P CR2E034 (10/03)

4. FEI Number

65-1148472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAMBEROGLU, BEYTULLAH
2700 COCONUT BAY LN #2L
SARASOTA, FL 34237

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

Beytullah

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME KAMBEROGLU, BEYTULLAH
STREET ADDRESS 2700 COCONUT BAY LN #2L
CITY-ST-ZIP SARASOTA, FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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:

Beytullah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #