2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000092692 EUROAMERICAN DATAPROCESSING SERVICES, INC.

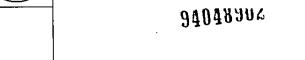


Principal Place of Business

8910 N. DALE MABRY HIGHWAY

SUITE 30 TAMPA, FL 33614 Mailing Address

8910 N. DALE MABRY HIGHWAY SUITE 30 TAMPA, FL 33614



DO NOT WRITE IN THIS SPACE

FILED Apr 12, 2004 8:00 am

Secretary of State

04-12-2004 90296 049 ***150.00

No Chg-P CR2E034 (10/03) 04012004 Applied For 4. FEI Number 59-3748307 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

-6. Name and Address of Current Registered Agent . --

HARISH, PATEL 8910 N. DALE MABRY HWY TAMPA, FL 33614

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or req	sistered agent, or both, in	the State of Florida. I am familiar with, and accep	ot
SIGNATURE	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	d Agent signature re	equired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.			ncin g	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT VD PATEL, HARISH 8910 N. DALE MABRY HIGHWAY TAMPA, FL 33614	CTORS				*
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME "STREET ADDRESS" CITY-ST-ZIP	The second of th				OT WRITE	48 4
NAME STREET ADDRESS CITY-ST-ZIP				IN TI	IIS SPACE	
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 truette-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.						

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR