

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000094431

**Entity Name:** EURIMPORT, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

128 SAN MARCO AVE. SUITE A  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

320 COOPERS COVE RD.  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

128 SAN MARCO AVE. SUITE A  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

320 COOPERS COVE RD.  
ST AUGUSTINE, FL 32095

**FEI Number:** 59-3753683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUILD, ROBERT B  
436 JACKSONVILLE DR  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WIESER, WALTER E  
Address: 320 COOPERS COVE ROAD  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: DVT  
Name: WIESER, DORIS  
Address: 320 COOPERS COVE ROAD  
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORIS WIESER

DVT

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date