


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90339 008 ***150.00

DOCUMENT # P01000095065		
1. Entity Name ITL EUROTASTE INT'L, INC.		

Principal Place of Business 18415 SWAN LAKE DR LUTZ, FL 33549	Mailing Address 18415 SWAN LAKE DR LUTZ, FL 33549
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2. Principal Place of Business 23822 Coral Ridge Ln Suite, Apt. #, etc.	3. Mailing Address 23822 Coral Ridge Ln Suite, Apt. #, etc.
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City & State Land O'Lakes, FL	City & State Land O'Lakes, FL
Zip 34639	Country USA



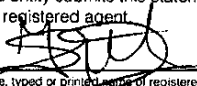
01132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3749640	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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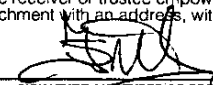
6. Name and Address of Current Registered Agent LILOV, IVAN F 18415 SWAN LAKE DR LUTZ, FL 33549	
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7. Name and Address of New Registered Agent Name IVAN F. LILOV Street Address (P.O. Box Number is Not Acceptable) 23822 Coral Ridge Ln City Land O'Lakes FL Zip Code 34639	
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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  IVAN F. LILOV / Vice President /	DATE 4-4-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILOVA, MILKA G 18415 SWAN LAKE DR. LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILOVA, MILKA G 23822 Coral Ridge Ln Land O'Lakes, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LILOV, IVAN F 18415 SWAN LAKE DR LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LILOV, IVAN F. 23822 Coral Ridge Ln Land O'Lakes, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIDILI, TATIANA F 18415 SWAN LAKE DR. LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIDILI, TATIANA F. 5224 BRADDOCK DR. Zephyrhills, FL 33541 <input checked="" 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
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:  IVAN F. LILOV / Vice President /	DATE 4-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 813-948-0198