


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90200 026 ***158.75

DOCUMENT # P02000012894 1. Entity Name EUROPA COMMUNICATIONS, INC.					
Principal Place of Business 5320 LITTLE ROAD # 101 NEW PORT RICHEY, FL 34655			Mailing Address 5320 LITTLE ROAD PMB 101 NEW PORT RICHEY, FL 34655		
2. Principal Place of Business 2528 Wood Pointe Dr Suite, Apt. #, etc.			3. Mailing Address 2528 Wood Pointe Dr Suite, Apt. #, etc.		
City & State HOLIDAY FL		City & State HOLIDAY FL		4. FEI Number 02-0546936	
Zip 34691		Country PASCO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCE, LAWRENCE 5320 LITTLE ROAD PMB 101 NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name FRANCE, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 2528 Wood Pointe Drive City HOLIDAY State FL Zip Code 34691	
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 <u><i>Lawrence R. France</i></u> DATE <u>5/11/2005</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCE, LAWRENCE 5320 LITTLE ROAD #101 NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCE, LAWRENCE 2528 Wood Pointe Drive HOLIDAY FL 34691	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCE, JENNIFER 5320 LITTLE ROAD #101 NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCE, JENNIFER 2528 Wood Pointe Drive HOLIDAY FL 34691	<input type="checkbox"/> Delete <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	<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: <u><i>Lawrence R. France</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/11/2005</u> Daytime Phone # <u>8008813066</u>		