
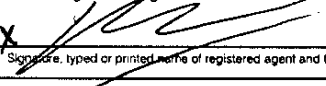



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90540 004 ***150.00

| | | | | | |
|---|--|-----------------------|---|--|--|
| DOCUMENT # P02000039674 1. Entity Name EURO FINISH CORP. | | | |  | |
| Principal Place of Business 13202 S.W. 131 ST., #109 MIAMI, FL 33186 US | | | Mailing Address 13202 S.W. 131 ST., #109 MIAMI, FL 33186 US | | |
| 2. Principal Place of Business 13202 S.W. 131 ST | | | 3. Mailing Address SAME | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Miami, FL | | | City & State | | |
| Zip 33186 | | Country USA | | 4. FEI Number 03-0433053 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GARCIA, LEONARDO 13202 S.W. 131 ST., #109 MIAMI, FL 33186 | | | 7. Name and Address of New Registered Agent Name Leonardo Garcia Street Address (P.O. Box Number is Not Acceptable) 13202 S.W. 131 ST City Miami FL Zip Code 33186 | | |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD CAPUTO, JACQUELINE 13202 SW 131 ST #109 MIAMI, FL 33183 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Pd. Leonardo GARCIA 13202 S.W. 131 ST Miami, FL 33186 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GARCIA, LEONARDO 13202 SW 131 ST #109 MIAMI, FL 33183 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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 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:  | | | 04/20/05 (305) 378-5321 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |