


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90002 050 \*\*\*550.00

**DOCUMENT # P02000074325**

1. Entity Name  
 EUROPEAN AUTOWERKS, INC.



Principal Place of Business  
 1506 N KELLEY AVE  
 KISSIMMEE, FL 34744

Mailing Address  
 1506 N KELLEY AVE  
 KISSIMMEE, FL 34744

**54064501**



03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0425148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CAMPANA, ANGELO F  
 1506 N KELLEY AVE  
 KISSIMMEE, FL 34744

**DO NOT WRITE IN THIS SPACE**

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: *Angelo F. Campana* DATE: 7/1/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPANA, ANGELO F 2023 RHINE CT KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPANA, GARY A. Vice President 3225 Fairhaven Ave Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Angelo F. Campana* DATE: 7/1/04 DAYTIME PHONE #: 407.847.7005

Signature typed or printed name of signing officer or director