


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90048 041 \*\*\*150.00

<b>DOCUMENT # P02000088225</b>	
Entity Name <b>EUROTRADE CONNECTION, INC.</b>	

Principal Place of Business <b>2441 NW 93 AVE 105 MIAMI FL 33172</b>	Mailing Address <b>2441 NW 93 AVE 105 MIAMI FL 33172</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business <b>3100 NW 72 AVE.</b>	3. Mailing Address <b>3100 NW 72 AVE</b>
Suite, Apt. #, etc. <b>115</b>	Suite, Apt. #, etc. <b>115</b>
City & State <b>MIAMI, FL.</b>	City & State <b>MIAMI, FL.</b>
Zip <b>33122</b>	Country <b>USA</b>

4. FEI Number <b>42-1546490</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BAJDOR, ROSA 2441 NW 93 AVE 105 MIAMI FL 33172</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>3100 NW 72 AVE</b>
	<b>115</b>
City	<b>MIAMI FL</b>
Zip Code	<b>33122</b>

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAJDOR, ROSA M 2441 NW 93 AVE MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BAJDOR, PETER 2441 NW 93 AVE MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RODRIGUEZ, CELESTINO 2441 NW 93 AVE MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAJDOR ROSA M 3100 NW 72 AVE SUITE 115 MIAMI, FL. 33122</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BAJDOR PETER 3100 NW 72 AVE, SUITE 115 MIAMI, FL. 33122</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RODRIGUEZ, CELESTINO 3100 NW 72 AVE, SUITE 115 MIAMI, FL. 33122</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:**  **4/6/04** **305-499-9630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #