FILED
May 13, 2004 8:00 am
Secretary of State
04-14-2004 90073 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

DOCUMENT # P03000004559

1. Entity Name
EUROCAPITAL ADVISORS, INC.

66421341

04072004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
274 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149	274 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149

2. Principal Place of Business		3. Mailing Address	
2121 PONCE DE LEON BLVD		2121 PONCE DE LEON BLVD	
Suite, Apt. #, etc. SUITE 850		Suite, Apt. #, etc. SUITE 850	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33134	Country USA	Zip 33134	Country USA

4. FEI Number 55-0814752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIEZ, PATRICIO
274 WEST MASHTA DRIVE
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name: DIEZ PATRICIO
Street Address (P.O. Box Number is Not Acceptable): 395 HARBOR CT.
City: KEY BISCAYNE FL Zip Code 33149

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALONSO, PABLO 5 EAST 22ND STREET APT 25B NEW YORK, NY 10010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIEZ, PATRICIO 274 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #