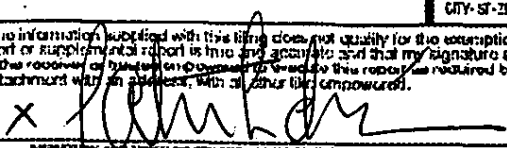


FILED
May 13, 2004 8:00 am
Secretary of State

04-14-2004 90073 024 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

4/1

DOCUMENT # P03000004559			
1. Entity Name EUROCAPITAL ADVISORS, INC.			
Principal Place of Business 274 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149		Mailing Address 274 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149	
2. Principal Place of Business 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 850 City & State MIAMI, FL Zip 33134 Country USA		3. Mailing Address 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 850 City & State MIAMI, FL Zip 33134 Country USA	
4. FEI Number 55-0814752		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04072004 Chg-P CR2E034 (10/03)	
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: _____ If of this Florida or non-Florida registered agent and the 1. applicable (FCIT, Registered Agent Signature) and also meet 3 reg. 2AT			
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
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 113.07(3)(g), 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 of the corporation; that I am 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 affidavit, with a power of attorney.			
SIGNATURE: 			
SECRETARY AND TREASURER OR PRINTED NAMES OF OFFICERS OR DIRECTORS			