
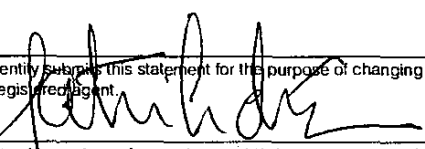
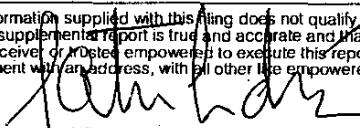


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90088 016 \*\*\*150.00

<b>DOCUMENT # P03000004559</b> 1. Entity Name <b>EUROCAPITAL ADVISORS, INC.</b>					
Principal Place of Business <b>2121 PONCE DE LEON BLVD., STE 850 MIAMI, FL 33134</b>			Mailing Address <b>2121 PONCE DE LEON BLVD., STE 850 MIAMI, FL 33134</b>		
2. Principal Place of Business <b>1001 BRICKELL BAY DR SUITE 2406 MIAMI, FL</b>		3. Mailing Address <b>1001 BRICKELL BAY DR SUITE 2406 MIAMI, FL</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>55-0814752</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DIEZ, PATRICIO 395 HARBER CT. KEY BISCAYNE, FL 33149</b>			7. Name and Address of New Registered Agent Name <b>DIEZ, PATRICIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>395 HARBOR CT</b> City <b>KEY BISCAYNE FL</b> Zip Code <b>33149</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  - <b>PATRICIO DIEZ - 04/14/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALONSO, PABLO 5 EAST 22ND STREET APT 25B NEW YORK, NY 10010		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIEZ, PATRICIO 274 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		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 late empowered.					
SIGNATURE:  - <b>PATRICIO DIEZ - 04/14/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

(786) 621 5858