## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jul 19, 2005 8:00 am Secretary of State 06-27-2005 90001 024 \*\*\*150.00

6/,

DOCUMENT # P0300007287  1. Entity Name EURO TECH III, INC.						06-27-	:2005 90001 024	4 ***150.00	
Principal Place of Business Mailing Address 12066 NW 23 ST 12066 NW 23 ST CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL			33065		66024800				
3000	New 1484 to DR	3. Mailing Address 3000 N. UNIVERS to DR							
Suite, Apt. E	#, etc.	Suite, Apt. #, etc.			06082005	Chg-P	CR2E034 (10/03	)	
City & Slat	AL SPRINGS FL	CORAL SPRAJGS FE			4. FEI Numb 48-129		<del> </del>	Applied For Not Applicable	
Zip 330	Country	<sup>Zip</sup> 33065	Country	8	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent			
ROZS, ATILA						16A-ROES			
12066 NW CORAL SE	723 ST PRINGS, FL 33065	-	Street Address (P.O. Box Number is Not Acceptable)						
City 2							₽1 Zin Co	de -	
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, it am familiar with and accept									
the obligations of registered drieff.									
SIGNATURE Signature. Signature. Signature. Signature of registrate eigenfunction and it applicable. (NOTE: Registered Agent signature required when terresisting)  DATE									
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campai Trust Fund Cont			.00 May Be led to Fees		• · • • •		
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	R\$ IN 11	
TITLE	PSTD Delete		TITLE	-			<b>Æ</b> Change	Addition	
STREET ADDRESS CITY-ST-ZIP	12066 NW 23 ST CORAL SPRINGS, FL 33065			NOORESS 3000	o pi, Co CY	195 E 3	<u> </u>		
TITLE	Delete			-ar Cor	AL SPRI	ugs, h 3	Change	☐ Addition	
NAME STREET ADDRESS			TITLE				FI confi		
CITY-ST-ZIP			STREET /						
TITLE NAME	☐ Defete						☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET						
CITY-SI-ZIP	-	Delete	CITY-ST	- ZIP			□ ·····	Addition	
MAME			NAME				<u></u>	C. ALUMON	
STREET ADDRESS CHY-ST-ZIP			STREET A						
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	·		NAME STREET A						
CITY-ST-ZIP		Delete	CITY-ST-	- ZIP			☐ Change	Addition	
NAME		L. J OGICIE	NAME				□ வக்ஜி	[1] votation	
STREET ADDRESS CITY-ST-2/P			STREET A	l l				}	
12. I hereby certify that the information supplied with this filling 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 seport 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 true and supplemental seport 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 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 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 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 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 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 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 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 of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the cor									
SIGNATURE: SAMATURE AND TYPES OF PRINTED MAME OF BLOWNS DIFFERENCE OF PRINTED BY									

## MARKROB ACCOUNTING SERVICE, INC. ATTACHMENT

PO BOX 771210 GORAL SPRINGS, FL. 33077-1210 954.346.7288-BROWARD 954.346.7217-FAX 954.434.5996-S.BROWARD 305.621.9382-DADE

07/11/05

Florida Dept of State Annual Reports Filings Division of Corporations PO BOX 6327 Tallahassee, Fl. 32314

Re: Corporate Renewals

Euro Tech III. Inc. P03000007287

To Whom It May Concern:

We are requesting acceptance of the enclosed filing for the 2005 Uniform Business report for our client Euro Tech III, Inc.

While in our office we determined the client had not filed his 2005 corporate renewal, the client advised us that he had not received any notification from the state and could we assist him with the renewal.

We therefore printed a new UBR report and determined that under FS 607.193(2)(b), since the client had not received notification the penalty can be waived.

We therefore request acceptance of the 2005 UBR as filed and to waive any penalty. Should you have any questions, please feel free to contact the client.

Thank you, Sincerely,

David Hernandez