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Jun 09, 2004 8:00 am
Secretary of State
05-03-2004 90417 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000021547

1. Entity Name
EUROAMERICAN TRADING, INC.

66427395

Principal Place of Business	Mailing Address
2420 GRANADA BOULEVARD CORAL GABLES, FL 33134	2420 GRANADA BOULEVARD CORAL GABLES, FL 33134

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
333 Aragon Ave #807	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables Fl	City & State
Zip: 33134 Country: USA	Zip Country

4. FEI Number: 59-3767927 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DEL ROSSI, LOURDES
2420 GRANADA BOULEVARD 333 Aragon Ave #807
CORAL GABLES, FL 33134 Coral Gables Fl 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Biagio del Rossi President Director ☐ Delete STREET ADDRESS: 333 Aragon Ave #807 CITY-ST-ZIP: Coral Gables Fl 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME: Lourdes del Rossi Vice President Director ☐ Delete STREET ADDRESS: 333 Aragon Ave #807 CITY-ST-ZIP: Coral Gables Fl 33134	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: [signature] 5/28/04 305 445 6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #