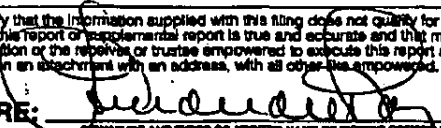


FILED
Jun 09, 2004 8:00 am
Secretary of State

05-03-2004 90417 031 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000021547			
1. Entity Name EUROAMERICAN TRADING, INC.			
Principal Place of Business 2420 GRANADA BOULEVARD CORAL GABLES, FL 33134		Mailing Address 2420 GRANADA BOULEVARD CORAL GABLES, FL 33134	
2. Principal Place of Business 333 Aragon Ave #807		Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables FL		City & State Same	
Zip 33134		Country USA	
3. Certificate of Status Desired ☐		4. FEI Number 59-3767927	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEL ROSSI, LOURDES 2420 GRANADA BOULEVARD CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 333 Aragon Ave #807 Coral Gables FL 33134	
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.		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 Biagio del Rossi President 333 Aragon Ave #807 Coral Gables FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Lourdes del Rossi Vice President 333 Aragon Ave #807 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	
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	
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 807, 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: 		Date: 5/18/04 3054456560	