


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90239 012 ***150.00

DOCUMENT # P03000045737	
1. Entity Name EUROPTIMA USA INC	

Principal Place of Business 1915 BRICKELL AVE. #1410 C MIAMI, FL 33129 US	Mailing Address 1915 BRICKELL AVE. #1410 C MIAMI, FL 33129 US
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2. Principal Place of Business 9509 Byron Ave	3. Mailing Address 9509 Byron Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Surfside, Fl.	City & State Surfside, Fl.
Zip 33154	Country
Country	Zip 33154
Country	Country

04062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0943646	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) 9509 Byron Ave City Surfside FL Zip Code 33154	

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BORDREUIL, ERIC 1915 BRICKELL AVE., #C 1410 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9509 Byron Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Surfside 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OUFKIR, MALIKA 1915 BRICKELL AVE., #C1410 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9509 Byron Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Surfside 33154
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **04/30/06 (305)582 0966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #