

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 045 ***150.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000087601 1. Entity Name EURO 55 WEST, INC.					
Principal Place of Business 4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607			Mailing Address 4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-0161276 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent AMEURCO MANAGEMENT, INC. 4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BESSEM, HERMAN 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Adema, Jelle 4300 West Cypress St., Suite 1075 Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SPIKER, MICHAEL 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bruggink, Hans 4300 West Cypress Street, Suite 1075 Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE JAEGER, ROMAIN 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BESSEM, HERMAN 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE JAEGER, ROMAIN 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPIKER, MICHAEL E 4300 WEST CYPRESS STREET, SUITE 1075 TAMPA, FL 33607		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 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: <u>Michael E. Spiker</u> 4/22/05 813-353-8800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					