


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90214 024 \*\*\*158.75

<b>DOCUMENT # P03000087602</b> 1. Entity Name <b>EURO ESPLANADE, INC.</b>					
Principal Place of Business <b>4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607</b>			Mailing Address <b>4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0161219</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AMEURCO MANAGEMENT, INC. 4300 WEST CYPRESS STREET SUITE 1075 TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BESSEM, HERMAN</b> <input type="checkbox"/> Delete <b>4300 WEST CYPRESS STREET, SUITE 1075</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael E. Spiker</b> <b>4300 W. Cypress St., Suite 1075</b> <b>Tampa, FL 33607</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <input checked="" type="checkbox"/> Delete <b>SPIKER, MICHAEL</b> <b>4300 WEST CYPRESS STREET, SUITE 1075</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Romain De Jaeger</b> <b>4300 W. Cypress St., Suite 1075</b> <b>Tampa, FL 33607</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>DE JAEGER, ROMAIN</b> <b>4300 WEST CYPRESS STREET, SUITE 1075</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Herman Bessem</b> <b>4300 W. Cypress St., Suite 1075</b> <b>Tampa, FL 33607</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BESSEM, HERMAN</b> <b>4300 WEST CYPRESS STREET, SUITE 1075</b> <b>TAMPA, FL 33607</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Romain De Jaeger</b> <b>4300 W. Cypress St., Suite 1075</b> <b>Tampa, FL 33607</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael E. Spiker</b> <b>4300 W. Cypress St., Suite 1075</b> <b>Tampa, FL 33607</b>	
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 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.					
<b>SIGNATURE:</b> <i>Michael E. Spiker</i>			<b>4/20/04</b> <b>813-353-8800</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		