


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90319 008 \*\*\*150.00


<b>DOCUMENT # P04000018230</b>	
1. Entity Name <b>EURO FURNITURE IMPORTERS INC.</b>	

Principal Place of Business <b>1245 S.E. 6TH TER. CAPE CORAL, FL 33990</b>	Mailing Address <b>1245 S.E. 6TH TER. CAPE CORAL, FL 33990</b>
---	---

2. Principal Place of Business <b>12660 EQUESTRIAN CIR.</b>	3. Mailing Address
Suite, Apt. #, etc. <b># 2102</b>	Suite, Apt. #, etc.

City & State <b>FORT MYERS, FL</b>	City & State
Zip <b>33907</b>	Country

**50044343**



01242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0644390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>MIKA, TADEUSZ 1245 S.E. 6TH TER. CAPE CORAL, FL 33990</b>	

7. Name and Address of New Registered Agent	
Name <b>TADEUSZ MIKA MONIKA SKIPIRZEPA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12660 EQUESTRIAN CIR. # 2102</b>	
City <b>FORT MYERS</b>	FL Zip Code <b>33907</b>

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 <i>Tadeusz Mika Monika Skipirzepe</i>	<b>TADEUSZ MIKA REG. AGENT</b> DATE <b>2/24/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MIKA, TADEUSZ 1245 S.E. 6TH TER. CAPE CORAL, FL 33990</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12660 EQUESTRIAN CIR, # 2102 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MONIKA SKIPIRZEPA 12660 EQUESTRIAN CIR. Apt 2102 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Tadeusz Mika Monika Skipirzepe</i>	<b>TADEUSZ MIKA MONIKA SKIPIRZEPA PRES.</b> DATE <b>2/24/05</b> Daytime Phone # <b>239-645-0897</b>