

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90019 049 ***150.00

DOCUMENT # P04000032007

1. Entity Name
SELECTED EUROPEAN PRODUCTS, INC.



Principal Place of Business
**2935 N BAY RD
 MIAMI BEACH FL 33140**

Mailing Address
**2935 N BAY RD
 MIAMI BEACH FL 33140**

2. Principal Place of Business
684 North Dixie Hwy

3. Mailing Address
684 North Dixie Hwy

Suite, Apt. #, etc

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33020-3906

Country
Broward

Zip
33020-3906

Country
Broward



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**LILLI, LUCIANA C
 2935 N BAY RD
 MIAMI BEACH FL 33140**

4. FEI Number
54-2145631

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____

Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reporting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPEZIANI, ERMINIA	
STREET ADDRESS	P. CADUTI, 7	
CITY- ST- ZIP	PADENGHE SUL GARDABS, ITALY 25080	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LILLI, LUCIANA C	
STREET ADDRESS	2935 N BAY RD	
CITY- ST- ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BUONAFEDE, MARIA	
STREET ADDRESS	V. MATTEOTTI, 24	
CITY- ST- ZIP	SALSOMAGGIORE TERME PR, ITALY 43039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONAFEDE MARIA	
STREET ADDRESS	V. MATTEOTTI 24	
CITY- ST- ZIP	SALSOMAGGIORE TERME PR, ITALY 43039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 another like empowered.

SIGNATURE Luciana C. Lilli **Feb 8, 06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #