


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90043 036 \*\*\*550.00

DOCUMENT # P04000032007		
1. Entity Name SELECTED EUROPEAN PRODUCTS, INC.		

Principal Place of Business 684 NORTH DIXIE HWY HOLLYWOOD, FL 33020-3906	Mailing Address 684 NORTH DIXIE HWY HOLLYWOOD, FL 33020-3906
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2. Principal Place of Business - No P.O. Box # 2935 N. BAY Rd	3. Mailing Address P.O. Box 402096
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33140	Zip 33140-0096
Country	Country



07052007 Chg-P CR2E034 (12/06)

4. FEI Number 54-2145631		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LILLI, LUCIANA C 2935 N BAY RD MIAMI BEACH, FL 33140		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 \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	PT BUONAFEDE, MARIA V HATTEOTTI 24 SALSOMAGGIORE TERME PR, 43039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAPELLI, Luigi P. CADUTI, 7 PADENGHE SULGARDA, BS, ITALY 25080 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LILLI, LUCIANA C 2935 N BAY RD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Luciana C. Lilli July 5, 07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #