

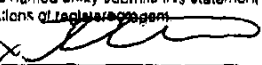
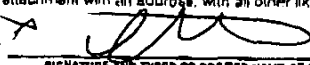
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TYMAN CARUSD

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90120 036 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000041516			
1. Entity Name COMIN EURO IMPORT, CORP.			
Principal Place of Business 1411 SW 11ST TERRACE POMPANO BEACH, FL 33069		Mailing Address 1411 SW 11ST TERRACE POMPANO BEACH, FL 33069	
2. Principal Place of Business 530 S. DIXIE Hwy W. 530 S. DIXIE Hwy West		3. Mailing Address 530 S. DIXIE Hwy West	
Suite, Apt. #, etc. WEST		Suite, Apt. #, etc. WEST	
City & State POMPANO Bch, FLORIDA		City & State POMPANO Bch, FLORIDA	
Zip 33060		Zip 33060	
Country USA		Country USA	
4. FEI Number 20-0807542		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMIN, CHESTER 1411 SW 11ST TERRACE POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name: CHESTER COMIN Street Address (P.O. Box Number is Not Acceptable) 530 S. DIXIE Hwy WEST City: POMPANO Bch FL Zip Code: 33060	
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: 		PRESIDENT 4/29/05	
NOTE: Registered Agent signature required when relinquishing.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PS COMIN, CHESTER 907 CYPRESS TERRACE, # 206 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHESTER COMIN 530 S. DIXIE Hwy WEST POMPANO Bch, FL 33060 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COMIN, OLNEI 907 CYPRESS TERRACE, # 206 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT OLNEI COMIN 530 S. DIXIE Hwy WEST POMPANO Bch, FL 33060 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Pres. 4/29/05 954.785-5591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	