

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90171 030 ***150.00

DOCUMENT # P04000046888

1. Entity Name
EUROMODA, INC.



Principal Place of Business
**8801 S.W. 132ND STREET
MIAMI, FL 33176 US**

Mailing Address
**8801 S.W. 132ND STREET
MIAMI, FL 33176 US**



2. Principal Place of Business

8803 SW 132 ST

Suite, Apt. #, etc.

3. Mailing Address

8803 SW 132 ST

Suite, Apt. #, etc.

02242005

Chg-P

CR2E034 (10/03)

City & State

MIA FL

City & State

MIA FL

4. FEI Number

20-0909279

Applied For

Not Applicable

Zip
33176

Country

Zip

33176

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTRELLA, EVELIO
8801 S.W. 132ND STREET 8803 SW 132 ST
MIAMI, FL 33176**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☐ Delete
NAME **ESTRELLA, EVELIO**
STREET ADDRESS **8801 S.W. 132ND STREET**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VP** ☐ Delete
NAME **CAMERA, CARMELO**
STREET ADDRESS **8801 S.W. 132ND STREET**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8803 SW 132 ST**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8803 SW 132 ST**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #