


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90244 013 \*\*\*150.00

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # P04000049180</b><br>1. Entity Name<br><b>EUROPE REMODELATIONS CORP.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>12665 NE 16 AVENUE #7.<br/>NORTH MIAMI, FL 33161</b>   |   |  | Mailing Address<br><b>12665 NE 16 AVENUE #7.<br/>NORTH MIAMI, FL 33161</b>   |  |  |
| 2. Principal Place of Business<br><b>16027 NW 45 AVE</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>16927 NW 45 AVE</b><br>Suite, Apt. #, etc.          |  | 04292006    Chg-P    CR2E034 (11/05)   |  |
| City & State<br><b>MIAMI FL</b>  |   | City & State<br><b>MIAMI FL</b>  |  | 4. FEI Number<br><b>41-2131799</b>   |  |
| Zip<br><b>33054</b>  |   | Zip<br><b>33054</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BIANCHI, GASTON D SR.<br/>12665 NE 16 AVENUE #7.<br/>NORTH MIAMI, FL 33161</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>GASTON BIANCHI</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>16027 NW 45 AVE</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33054</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>BIANCHI, GASTON D SR.</b><br><b>12665 NE 16 AVENUE #7.</b><br><b>NORTH MIAMI, FL 33161</b> | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>MOREJON, VIDAL O</b><br><b>811 WEST 53 STREET</b><br><b>HIALEAH, L 33012</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)   | <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: <u><i>Gaston Bianchi</i></u> <u>4/29/06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |   |  |  |  |  |