## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P04000065552** 05-01-2006 90387 035 \*\*\*150 00 EUROPEAN BUSINESS & DEVELOPMENT, INC. Principal Place of Business Mailing Address 40075099 1940 POLO LAKE DR. E 1940 POLO LAKE DR. E WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 2. Principal Place of Business (1954 42 Pd N 3. Mailing Address 42 ud Rd N 11924 Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number WEST PACH WEST PACH BOH 20-1053672 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33411 A 20 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPANO, MILAN Street Address (P.O. Box Number is Not Acceptable) 1940 POLO LAKE DR. E WEST PALM BEACH, FL 33414 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 Fiorida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD PD ☑ Change ☐ Addition TITLE Delete TETLE SPANO MILAN NAME SPANO, MILAN NAME 1940 POLO LAKE DR. E. STREET ADDRESS STREET ADDRESS CITY ST-ZIP WEST PALM BEACH, FL 33414 CITY-ST-ZIP BEACH, R 33411 TITLE Change Addition TITLE ☐ Detete NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST ZIP CITY - ST - ZIP THILE ☐ Delete TITLE [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 7IP ☐ Addition TITLE ☐ Delete TITE F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP □ Change ☐ Addition THILE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

Davisma Phone #