2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90079 005 ***150.00

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1. Entity Name
EUROPA MANAGER, INC.

50031446

03162005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431	2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431

2. Principal Place of Business	3. Mailing Address
515 E. Las Olas Blvd.	515 E. Las Olas Blvd
Suite, Apt. #, etc. Suite 1050	Suite, Apt. #, etc. Suite 1050
City & State Fort Lauderdale, FL	City & State Ft Lauderdale FL
Zip: 33301 Country: Broward	Zip: 33301 Country: Broward

4. FEI Number: 20-1132355 ☐ Applied For ☐ Not Applicable

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
HCRM CORP. 2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431	Name: Daniel E. Adache Street Address (P.O. Box Number is Not Acceptable): 515 E. Las Olas Blvd Suite 1050 City: Ft Lauderdale FL Zip Code: 33301

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: _____ 3-23-05
(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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Lawrence A. Duprey 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Daniel E. Adache 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Jerrold R. Krystoff 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP John C. Deinhardt 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO John Yanopoulos 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301 ☐ Change XX Addition
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: X _____ Daniel E. Adache (954) 524-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #