
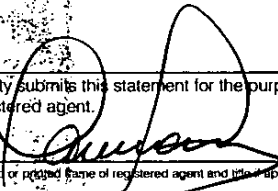
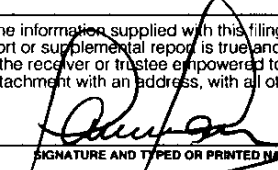


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90030 038 \*\*\*155.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P04000082458</b><br>1. Entity Name<br><b>EUROFERT, INC.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>380 5TH AVENUE NORTH<br/>NAPLES, FL 34102 US</b>   |   |   | Mailing Address<br><b>380 5TH AVENUE NORTH<br/>NAPLES, FL 34102 US</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>P.O. Box 12167</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br>   |   | City & State<br><b>NAPLES, FL.</b>  |  | 4. FEI Number<br><b>54-2153944</b>  |  |
| Zip<br>  |   | Country<br><b>US</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>GALLEGOS, CARLOS<br/>380 5TH AVENUE NORTH<br/>NAPLES, FL 34102</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <br/> <small>Signature, typed or printed name of registered agent and title, applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>CARLOS GALLEGOS</b><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>7/27/05</b><br/> <small>DATE</small> </div> </div> |   |   |  |   |  |
| <b>FILE NOW!!! FEES \$150.00<br/>Due by September 7, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PST<br>GALLEGOS, CARLOS<br>380 5TH AVENUE NORTH<br>NAPLES, FL 34102 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| 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:  <b>CARLOS GALLEGOS</b> <b>7/27/05 239-821-4204</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |  |   |  |