


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000097999</b>	
1. Entity Name <b>EUROMAC QUALITY CONTROL BILL CORP.</b>	

Principal Place of Business <b>8405 NW 140 TERR 3701 MIAMI LAKES, FL 33016</b>	Mailing Address <b>8405 NW 140 TERR 3701 MIAMI LAKES, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1318549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CONSUEGRA, MAGALY  
8405 NW 140 TERR  
3701  
MIAMI LAKES, FL 33016**

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>CONSUEGRA, MAGALY</b>
NAME	
STREET ADDRESS	<b>8405 NW 140 TERR</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>
TITLE <b>VP</b>	<b>ALVAREZ, ARMANDO</b>
NAME	
STREET ADDRESS	<b>8405 NW 140 TERR</b>
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33016</b>
TITLE <b>T</b>	<b>TORRES, AURELIO</b>
NAME	
STREET ADDRESS	<b>11189 SW 88 ST G107</b>
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>
TITLE <b>S</b>	<b>CASTRO, INDIRA</b>
NAME	
STREET ADDRESS	<b>539 E 21 ST</b>
CITY-ST-ZIP	<b>HIALEAH, FL 33113</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000501741  
04/25/06-80075-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/06**

Date

**786-357-0453**

Daytime Phone #