



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000150737</b> 1. Entity Name <b>EUROPE &amp; USA EXCHANGE CORPORATION</b>						<b>FILED</b> 94 DEC -9 PM 5:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>2380 DIANA DR., #2 HALLANDALE BCH, FL 33009</b>				Mailing Address <b>2380 DIANA DR., #2 HALLANDALE BCH, FL 33009</b>			
2. Principal Place of Business		3. Mailing Address		<b>REINSTATEMENT 2005</b> 12062005 65-0874327 Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>65-0874327</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>KOWALSKY, DEBORAH S 2501 HOLLYWOOD BLVD., SUITE 206 HOLLYWOOD, FL 33020</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Jay E. Auerbach Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2338 Hollywood Blvd</b> City <b>Hollywood</b> FL Zip Code <b>33020</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 <u><i>Jay E Auerbach</i></u> DATE <u>12-6-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KRIEGHOFF, ROLF W</b> <b>2380 DIANA DR., #2</b> <b>HALLANDALE BCH, FL 33009</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200062045418</b> <b>12/09/05--01050--003 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jay E Auerbach</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>12-6-05</u> Daytime Phone # <u>954-456-6398</u>			