

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JAN -5 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000001614			
1. Entity Name EUROCREDIT INSURANCE CORP.			
Principal Place of Business 54 NW 11 ST MIAMI, FL 33136		Mailing Address 54 NW 11 ST MIAMI, FL 33136	
2. Principal Place of Business 1602 Alton Rd Suite, Apt. #, etc. 88		3. Mailing Address 1602 Alton Rd. Suite, Apt. #, etc. 88	
City & State Miami Beach FL		City & State Miami Beach	
Zip 33134	Country	Zip 33139	Country
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIOVANNI, BELOSSI 54 NW 11 ST MIAMI, FL 33136		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1602 Alton Rd Ste 88 City Miami Beach FL FL Zip Code 33139	
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 <i>[Signature]</i>		DATE Jan 3 2006	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee 500064594035 01/26/06--01065--027 **158.75	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TANCREDI, MASSAGLIA 54 NW 11 ST MIAMI, FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1602 Alton Road Ste 88 Miami Beach FL 33139
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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
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 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 to my address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE Jan 3, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone *	