

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90398 011 ***150.00

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1. Entity Name
EUROSONEX CORP.



Principal Place of Business
**19111 COLLINS AVENUE
#2805
SUNNY ISLES, FL 33160 US**

Mailing Address
**19111 COLLINS AVENUE
#2805
SUNNY ISLES, FL 33160 US**

400007100



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0451771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRIZOVA, SONA
19111 COLLINS AVENUE
#2805
SUNNY ISLES, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME KRIZOVA, SONA
STREET ADDRESS 19111 COLLINS AVENUE, #2805
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VP
NAME KRIZOVA, SONA
STREET ADDRESS 19111 COLLINS AVENUE, #2805
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE SECY
NAME KRIZOVA, SONA
STREET ADDRESS 19111 COLLINS AVENUE, #2805
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE TREA
NAME KRIZOVA, SONA
STREET ADDRESS 19111 COLLINS AVENUE, #2805
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

04/25/08
Date

Daytime Phone #