

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000072765

1. Entity Name
EUROFINEART, INC.



FILED

06 AUG -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08022006 Chg-P CR2E034 (11/05)

Principal Place of Business
7401 SW 129 AVE
MIAMI, FL 33183

Mailing Address
7401 SW 129 AVE
MIAMI, FL 33183

2. Principal Place of Business
3761 SW 153 COURT

3. Mailing Address
3761 SW 153 COURT

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI - FLORIDA

Zip
33185

Country
U.S.A.

Zip
33185

Country
U.S.A.

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, RICARDO G
7401 SW 129 AVE
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3761 SW 153 COURT

City MIAMI FL Zip Code 33185

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
Due by September 6, 2006

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

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	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, RICARDO G		NAME		
STREET ADDRESS	7401 SW 129 AVE		STREET ADDRESS	3761 SW 153 CT.	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI-FL 33185	
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COELLO DIAZ, TERESA L		NAME		
STREET ADDRESS	7401 SW 129 AVE		STREET ADDRESS	3761 SW 153 CT.	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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08/19/06--01045--017 **150.00

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 Date Daytime Phone #

K. Eckel AUG 07 2006