

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

05-01-2006 90391 041 ***150.00

DOCUMENT # P05000106253 1. Entity Name EURO AMERICAN SYSTEMS, INC.					
Principal Place of Business 5900 NW 99TH AVENUE-UNIT 9 DORAL, FL 33178			Mailing Address 5900 NW 99TH AVENUE-UNIT 9 DORAL, FL 33178		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-3247695	
5. Certificate of Status: ☐		Applied For ☐			
5. Certificate of Status: ☐		Not Applicable \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUAREZ, RODOLFO J 10200 NW 25TH STREET - #207 DORAL, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRIMI-STIGLIOLO, CARLO 5900 NW 99TH AVENUE-UNIT 9 DORAL, FL 33178 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 the empowered.					
SIGNATURE: <u><i>Carlo Crimi-Stigliolo</i></u> CARLO CRIMI-STIGLIOLO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 4/20/06 Date					

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