

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000121924

Entity Name: EUORELATED CORP.

FILED
Dec 23, 2008
Secretary of State**Current Principal Place of Business:**2315 NW 107TH AVE
STE 1M-17 (BOX 52)
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**2315 NW 107TH AVE
STE 1M-17 (BOX 52)
MIAMI, FL 33172**New Mailing Address:**

FEI Number: 20-3516285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ANTONINI, GUILLERMO T
2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52
DORAL, FL 33172 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: WULFF, ADEL MUHAMMAD
Address: 2315 NW 107TH AVE, SUITE 1M-17 (BOX 52)
City-St-Zip: MIAMI, FL 33172Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: WULFF, ADEL MUHAMMAD
Address: 2315 NW 107TH AVE, SUITE 1M-17 (BOX 52)
City-St-Zip: MIAMI, FL 33172Title: VP () Change (X) Addition
Name: OLIVARES, EDGAR J
Address: 2315 NW 107TH AVE, SUITE 1M-17 (BOX 52)
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADEL M WULFF

P

12/23/2008

Electronic Signature of Signing Officer or Director

Date