2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2008
Secretary of State

DOCUMENT# P05000153532

Entity Name: EUROPEAN MAIDS, INC.

Current Principal Place of Business:

7814 CHADWICK DR.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

7814 CHADWICK DR.
NEW PORT RICHEY, FL 34654

New Mailing Address:

4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

FEI Number: 51-0481301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARGA, VIOLET H
7814 CHADWICK DR.
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

STEIGER, UDO
4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

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: UDO STEIGER 12/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VARGA, VIOLET H
Address: 7814 CHADWICK DR.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAA,
Address: 4400 NORTHCORP PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D ( ) Change (X) Addition
Name: DANIELS, DAVID
Address: 4400 NORTHCORP PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: CAA D 12/15/2008
Electronic Signature of Signing Officer or Director Date