P06000107024

(R	equestor's Name)	
(A	ddress)	
(Ac	ddress)	
(C	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i
	÷	



RA/RO/Chs



500109803525

09/25/07--01029--001 ++35.00

SECRETARY OF STATEMS
DIVISED 25 AM 9: 55

COVER LETTER

Division of Corporations	
SUBJECT: EUROTRUST THISESTMENTS (Name of Corporation)	LSA, INC.
DOCUMENT NUMBER: PO6000107024	
The enclosed Statement of Change of Registered Office/Agent and fee ar	e submitted for filing.
Please return all correspondence concerning this matter to the following:	Ū
· · · · · · · · · · · · · · · · · · ·	
WILLEM T. MALESTEIN (Name of Contact Person)	
EUROTRUST INVESTMENTS (Firm/Company)	USA, INC.
16500 COLUMS AUENUE (Address)	# 1855
SUMING TSLES BEACH (City/State and Zip Code)	Z 33160
For further information concerning this matter, please call:	
(Name of Contact Person) at (305 (Area Code	787-6227 & Daytime Telephone Number)
305 -	318-2673
Enclosed is a \$35.00 check made payable to the Department of State.	•
Mailing Address: Street A Amendment Section Amend	<u>address:</u> ment Section
	ment Section n of Corporations
	Building
	xecutive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EUROTRUST INVESTMENTS USA THE
2. The principal office address: 165co COLLAIS AVENIUE # 1855
SLAINING ISLES BEACH, FL 33160
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 68/14/2006 Document number: Poboco107024 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BIRKEGREN MELTEM
1531 N.E. 63 RO STREET
FORT LAUDERDALE, FL 33334
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
WILLEM T MALESTEIN
16500 COLLINS AVENUE # 1855 (P.O. Box NOT acceptable)
SUNNIY TILES BEACH, FL 33160
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Supplie of an officer or director) (Supplie of an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Notinguature of Registered Agent) Og /18/2cv7 (Date)
If signing on behalf of an entity:
WILLEM T MACESTEIM. (Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *