## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Farla Yamın

## **DOCUMENT # P07000086151** 02-08-2008 90025 024 \*\*\*150.00 1. Entity Name EUROKIT, INC. Principal Place of Business Mailing Address 1890 NW 96 AVENUE 1890 NW 96 AVENUE MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YAMIN, AUGUSTO Street Address (P.O. Box Number is Not Acceptable) 1890 NW 96 AVENUE MIAMI, FL 33172 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F ☐ Delete Change ☐ Addition NAME YAMIN, AUGUSTO NAME 1890 NW 96 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP ☐ Delete TITLE ■ Addition DE LA ROSA, JAIRO NAME NAME STREET ADDRESS 2540 W 84 STREET #6 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition YAMIN, KARLA NAME NAME STREET ADDRESS 1890 NW-96 AVENUE STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 08, 2008 8:00 am

Secretary of State