

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059544

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: EUROP ASSISTANCE NORTH AMERICA, INC.

## Current Principal Place of Business:

7901 S.W. 36TH STREET  
SUITE 100  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

7901 S.W. 36TH STREET  
SUITE 100  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 77-0722182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: KROON, ALEX  
Address: 7901 SW 36TH STREET SUITE 100  
City-St-Zip: DAVIE, FL 33328 US

Title: S T ( ) Change (X) Addition  
Name: SMITH, MARTIN B JR.  
Address: 7901 SW 36TH STREET  
City-St-Zip: DAVIE, FL 33328 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: ALEX KROON

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date