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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EUROTRANS SYSTEMS, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P38883	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
COLIN D'ABREO	
(Name of Person)	
EUROTRANS SYSTEMS, INC.	
(Firm/Company)	
299 BROADWAY, SUITE 1815	
(Address)	
NEW YORK, NEW YORK 10007	
(City/State and Zip code)	
For further information concerning this matter, please call:	3
COLIN D'ABREO at (212) 346 9800	
(Name of Person) (Area Code & Daytime Telephone Number))

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

EUROTRANS SYSTEMS, INC.

(Name of Corpor	ation)
P38883	TALLES EST
(Document Number of Corpo	ration (if known)
NEW YORK	Fig. 3
(Incorporated Under	Laws of)
This corporation is no longer transacting business or conduc voluntarily surrenders its authority to transact business or con	
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of pr time it was authorized to transact business or conduct affairs it	rocess based on a cause of action arising during the
The following is a current mailing address for the corporation):
299 BROADWAY, SUITE 1815	
(Mailing Addre	ess)
NEW YORK, NEW YORK 10007	
(City/ State /Zi	(p)
The corporation agrees to notify the Department of State in the	
	APRIL 25, 2008
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
COLIN D'ABREO	Executive Vice President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35