

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000030581

1. Entity Name
EURO-AMERICA TRADING CORP.



Principal Place of Business
**9950 NW 77TH AVE
HIALEAH GARDENS, FL 33016**

Mailing Address
**9950 NW 77TH AVE
HIALEAH GARDENS, FL 33016**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 012 ***150.00



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0405581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAGEN, MAX M ESQ
10000 NE 18TH AVE
NORTH MIAMI BEACH, FL 33162
3531 GRIFFIN RD
St. Lauderdale, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUAREZ, JUAN 9950 NW 77TH AVE HIALEAH GARDENS, FL 33016
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN A. SUAREZ

JH/OC *305 823 2360*
Date Daytime Phone #