2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000067252

1. Entity Name
EUROMARK CORP.

Principal Place of Business	Mailing Address
1111 SUNSET DR. CORAL GABLES, FL 33143 US	1111 SUNSET DR. CORAL GABLES, FL 33143 US

DO NOT WRITE IN THIS SPACE

02122004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0523308	Applied For Not Applicable

5. *Certificate of Status Desired*   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROJAOLA, VINCENT
5555 COLLING AVE, STE 15W
MIAMI BEACH, FL 33140

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000054603 02/17/04-80003-012 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	TROJAOLA, VINCENT	
STREET ADDRESS	1111 SUNSET DR.	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	VP	
NAME	CABANAS, JUANITA	
STREET ADDRESS	1111 SUNSET DR.	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   02/12/04   786 4025399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #