

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039061

Entity Name: EURO INVEST USA, INC.

FILED
Feb 07, 2005
Secretary of State

Current Principal Place of Business:

4014 CHASE AVE STE 215
SUITE 220
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

PO BOX 546961
SURFSIDE, FL 33154 US

Current Mailing Address:

4014 CHASE AVE STE 215
SUITE 220
MIAMI BEACH, FL 33140 US

New Mailing Address:

PO BOX 546961
SURFSIDE, FL 33154 US

FEI Number: 65-0583172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKENZIE, JAMES
4014 CHASE AVE
STE 220
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

PORNPRINYA, TONY
10800 BISCAYNE
STE 988
MIAMI, FL 33161 US

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: TONY PORNPRINYA

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MACKENZIE, MANUELA
Address: 4014 CHASE AVE, STE 220
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: MACKENZIE, JAMES R
Address: 4014 CHASE AVE, STE 220
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MACKENZIE, MANUELA
Address: PO BOX 546961
City-St-Zip: SURSIDE, FL 33154

Title: VD (X) Change () Addition
Name: MACKENZIE, JAMES R
Address: PO BOX 546961
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MANUELA MACKENZIE

PSTD

02/07/2005

Electronic Signature of Signing Officer or Director

Date