

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 038 ***150.00

0701327 IN

DOCUMENT # P95000040212

1. Entity Name
EURASIA GOLD FIELDS, INC.



Principal Place of Business
**1060 ALBERNI STREET
SUITE 1505
VANCOUVER BC V6E-4K2
CA**

Mailing Address
**1060 ALBERNI STREET
SUITE 1505
VANCOUVER BC V6E-4K2
CA**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**PO Box 28165, HARBOUR CENTRE
555 WEST HASTINGS STREET**

City & State
VANCOUVER, B.C.

Zip Country
V6B 5L8 CANADA



CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0190293** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LITTMAN, ERIC P
7695 S.W. 104 STREET
SUITE 210
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACASA, JORGE L 1505-1606 ALBERNI STREET VANCOUVER BC V6E-4K2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DE SEGURA, AGUSTIN GOMEZ 1505-1606 ALBERNI STREET VANCOUVER BC V6E-4K2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RICHARDSON, CAMERON A 2-238 WEST 4TH STREET VANCOUVER BC V6E-4-2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sigca Richard* **REGIACRICHARDSON** APRIL 27, 2003 604-687-4701

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

CR2E034 (10/02)