

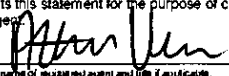
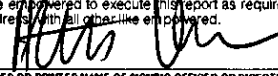


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91212 006 \*\*\*150.00

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

<b>DOCUMENT # P95000081512</b>			
1. Entity Name <b>EUROCOMP INTERNATIONAL INC.</b>			
Principal Place of Business <b>811 S MONTEREY CIRCLE BOYNTON BEACH, FL 33436 US</b>		Mailing Address <b>514 Live Oak Lane Boynton Beach, FL 33436</b>	
2. Principal Place of Business <b>514 Live Oak Lane</b>	3. Mailing Address <b>514 Live Oak Lane</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <b>Boynton Beach, FL</b>	City & State <b>Boynton Beach, FL</b>	4. FEI Number <b>65-0627964</b>	
Zip <b>33436</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VERES, ATTILA 811 S MONTEREY CIRCLE BOYNTON BEACH, FL 33436</b>		7. Name and Address of New Registered Agent Name <b>ATTILA VERES</b> Street Address (P.O. Box Number is Not Acceptable) <b>514 Live Oak Lane</b> City <b>Boynton Beach</b> FL Zip Code <b>33436</b>	
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  DATE <b>3-12-03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.)</small>			
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. <input type="checkbox"/> \$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 <b>PCEO VERES, ATTILA 9 E CHESTERFIELD DR BOYNTON BEACH, FL 33426</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CEO ATTILA VERES 514 Live Oak Lane Boynton Beach FL 33436</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 		3-12-03 (56) 733-7507	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)