2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000032283

1. Entity Name
EURO TOUCH SERVICES, INC.

4004750

03072006   No Chg-P   CR2E034 (11/05)

Principal Place of Business	Mailing Address
400 KINGS POINT DR #1627 SUNNY ISLES BEACH, FL 33160 US	400 KINGS POINT DR #1627 SUNNY ISLES BEACH, FL 33160 US

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0658167	Not Applicable

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

6. Name and Address of Current Registered Agent

BOLIVAR, LAZARO
400 KINGS POINT DR.
APT. 1627
MIMAI BEACH, FL 33160

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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, 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	P
NAME	BOLIVAR, LAZARO
STREET ADDRESS	400 KINGS POINT DR., APT. 1627
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160

TITLE	VP
NAME	RODRIGUEZ, JUDITH
STREET ADDRESS	400 KINGS POINT DR., APT. 1627
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160

Deleted

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X _Lazaro Bolivar_   Pres   3-6-06   305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #