


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000034776	
1. Entity Name EUROFORGE, INC.	

Principal Place of Business 12690 WALSHING HAM RD #3 LARGO, FL 33774 US	Mailing Address 12690 WALSHING HAM RD #3 LARGO, FL 33774 US
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**DO NOT WRITE IN THIS SPACE**



08122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3383905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DUB, JAROMIR 8964 109TH AVENUE NORTH LARGO, FL 34641	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUB, JAROMIR 8964 109TH AVENUE NORTH LARGO, FL 34641	<p>U00000171983 09/09/04-80004-015 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_