

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068874

Entity Name: EURO CARIBBEAN SERVICE, INC.

FILED
Feb 19, 2004
Secretary of State

Current Principal Place of Business:

4343 W FLAGLER ST
#505
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

4343 W FLAGLER ST
#505
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 65-0735159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZERBONE, ALESSANDRO
4343 W FLAGLER ST #505
MIAMI, FL 33134

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RONCO, ROMEO
Address: SALITA DELLA PROVIDENZA 6/14
City-St-Zip: GENOVA, ITALY, OC

Title: D () Delete
Name: BORIN, GIUSEPPE
Address: VIA MOLFINO 13/15
City-St-Zip: GENOVA, ITALY, OC

Title: D () Delete
Name: FRANCO, GIOVANNI
Address: VIA MAZZAREI 15 COD.
City-St-Zip: MUGGIA, ITALY, OC

Title: D () Delete
Name: FRANCO, MAURO
Address: VIA MAZZAREI 15 COD.
City-St-Zip: MUGGIA, ITALY, OC

Title: D () Delete
Name: BUSSI, PAOLO
Address: SAL. UBALDINI 41/A
City-St-Zip: MUGGIA, ITALY, OC

Title: D () Delete
Name: ZERBONE, ALEX
Address: 4343 W. FLAGLER #505
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEX ZERBONE

D

02/19/2004

Electronic Signature of Signing Officer or Director

_____ Date