2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068874

Entity Name: EURO CARIBBEAN SERVICE, INC.

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2025 NW 102 AVE 107 MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 2025 NW 102 AVE MIAMI, FL 33172 US FEI Number: 65-0735159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZERBONE, ALESSANDRO 2025 NW 102 AVE, SUITE 107 MIAMI, FL 33172 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RONCO, ROMEO Name: Name: SALITA DELLA PROVIDENZA 6/14 Address: Address: City-St-Zip: GENOVA, ITALY, OC City-St-Zip: Title: Title: () Delete () Change () Addition BORIN, GIUSEPPE Name: Name: VIA MOLFINO 13/15 Address: Address: GENOVA, ITALY, OC City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FRANCO, GIOVANNI Name: Name: VIA MAZZAREI 15 COD. Address: Address: City-St-Zip: MUGGIA, ITALY, OC City-St-Zip: () Delete Title: Title: () Change () Addition FRANCO, MAURO Name: Name: Address: VIA MAZZAREI 15 COD. Address: City-St-Zip: MUGGIA, ITALY, OC City-St-Zip: Title: Title: () Delete () Change () Addition BUSSI, PAOLO Name: Name: SAL, UBALDINI 41/A Address: Address: City-St-Zip: MUGGIA, ITALY, OC City-St-Zip: Title: () Delete Title: () Change () Addition ZERBONE, ALEX Name: Name: 2025 NW 102 AVE, SUITE 107 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33172

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 01/10/2005