

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90115 022 \*\*\*150.00

**DOCUMENT # P97000015228**

1. Entity Name

EUROTECH INC.



Principal Place of Business

12356 61ST LANE N.  
WEST PALM BEACH FL 33412  
US

Mailing Address

12356 61ST LANE N.  
WEST PALM BEACH FL 33412  
US

2. Principal Place of Business

401 SE VERADA AVE

Suite, Apt. #, etc.

3. Mailing Address

401 SE VERADA AVE

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE

City & State

PORT SAINT LUCIE

4. FEI Number

65-0729974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZYSKOWSKI, JERZY  
12356 61ST LANE N  
ROYAL PALM BCH FL 33412

7. Name and Address of New Registered Agent

Name ZYSKOWSKI, JERZY

Street Address (P.O. Box Number is Not Acceptable)

401 SE VERADA AVE

City PORT SAINT LUCIE

FL

Zip Code 34983

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

*Jerzy Zyskowski*

JERZY ZYSKOWSKI

03-20-06

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZYSKOWSKI, JERZY	
STREET ADDRESS	12356 61ST LANE NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZYSKOWSKI, LIDIA	
STREET ADDRESS	12356 61ST LANE NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	401 SE VERADA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	401 SE VERADA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Jerzy Zyskowski* JERZY ZYSKOWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-06 772-871-8071

Date

Daytime Phone #