

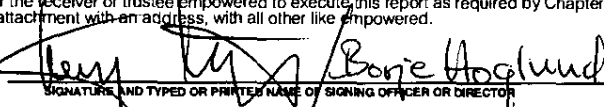


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000039629			
1. Entity Name EUROCENTER, INC.			
Principal Place of Business NEW SUN GATE MOTEL 901 S FEDERAL HWY LAKE WORTH, FL 33460	Mailing Address MR B HOGLUND VUORIMIEHENK 11 D HELSINKI, FINLAND, 00140	14019461	
DO NOT WRITE IN THIS SPACE			
		04252004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0841874	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOGLUND, BORJE 901 S FEDERAL HWY LAKE WORTH, FL 33460		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGLUND, BORJE VUORIMIEHENKATU 11 D 13 HELSINKI, 00140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAGUS, JOHAN UUDENMAANK 27B HELSINKI, FN 00120		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date April 25, 2004 / +358-9-663832	