

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094929

Entity Name: EUROCOMPONENTS, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

ONE FESTIVA AT LIONS PAW
DAYTONA BEACH, FL 32114

New Principal Place of Business:

ONE FESTIVA AT LIONS PAW
DAYTONA BEACH, FL 32124

Current Mailing Address:

ONE FESTIVA AT LIONS PAW
DAYTONA BEACH, FL 32114

New Mailing Address:

ONE FESTIVA AT LIONS PAW
DAYTONA BEACH, FL 32124

FEI Number: 59-3490652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA MADICE, LORENZO
ONE FESTIVA AT LIONS PAW
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

DA MADICE, LORENZO
ONE FESTIVA AT LIONS PAW
DAYTONA BEACH, FL 32124 US

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:

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STPD () Delete
Name: DA MADICE, LORENZO
Address: ONE FESTIVA AT LIONS PAW
City-St-Zip: DAYTON BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DA MADICE, LORENZO
Address: ONE FESTIVA AT LIONS PAW
City-St-Zip: DAYTONA BEACH, FL 32124

Title: VICE () Change (X) Addition
Name: DA MADICE, DINA
Address: ONE FESTIVA AT LIONS PAW
City-St-Zip: DAYTONA BEACH, FL 32124

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: LORENZO DA MADICE

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date