

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 027 ***150.00

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1. Entity Name
EUROCOMPONENTS, INC.



Principal Place of Business
**ONE FESTIVA AT LIONS PAW
DAYTONA BEACH, FL 32124**

Mailing Address
**ONE FESTIVA AT LIONS PAW 601 Beller -
DAYTONA BEACH, FL 32124 32114**



08042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	DA MADICE, LORENZO
STREET ADDRESS	ONE FESTIVA AT LIONS PAW
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	VICE
NAME	DA MADICE, DINA
STREET ADDRESS	ONE FESTIVA AT LIONS PAW
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #