


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 021 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000008574 1. Entity Name EUROFUND USA, INC.	
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Principal Place of Business 750 SPANISH RIVER BLVD. #110 BOCA RATON, FL 33431	Mailing Address 75 DOMAINE PAGE ST SAUVEUR QUE CANADA J0R 1R3, XX
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40063280



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0903612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCHAND-MANZE, CHRISTINE 6163 AMBERWOODS DR. BOCA RATON, FL 33433
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARTRAND, ANDRE 75 DOMAINE PAGE <i>Que</i> ST. SAUVEUR-QUE, CA J0R1R3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGE, FRANCE 75 DOMAINE PAGE <i>Que</i> ST. SAUVEUR-QUE, CA J0R1R3
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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 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: *FRANCE PAGE* (FRANCE PAGE) 04-12-05 450227-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #