

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90042 012 ***150.00

DOCUMENT # P98000027373

1. Entity Name

EURO JET, CORP.



Principal Place of Business

11469 NW 34 STREET
MIAMI FL 33178

Mailing Address

11469 NW 34 STREET
MIAMI FL 33178

2. Principal Place of Business

14195 SW 139 Court

3. Mailing Address

14195 SW 139 Court

Suite, Apt. #, etc.

Bay 8

Suite, Apt. #, etc.

Bay 8

City & State

Miami FL

City & State

Miami FL

Zip

33186

Country

USA

Zip

33186

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0828224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, PATRICIA A
5193 NW 74 AVENUE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Perez, Patricia Alexandra
Street Address (P.O. Box Number is Not Acceptable)
14195 SW 139 Court - Bay 8
City Miami FL Zip Code 33186

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia Alexandra Ortiz

04-01-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	PTD	<input type="checkbox"/> Delete
NAME	PEREZ, JAIME	
STREET ADDRESS	11469 NW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VSC	<input type="checkbox"/> Delete
NAME	PEREZ, PATRICIA A	
STREET ADDRESS	11469 NW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, JAIME	
STREET ADDRESS	11469 NW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SC	<input type="checkbox"/> Delete
NAME	PEREZ, PATRICIA A	
STREET ADDRESS	11469 NW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, JAIME	
STREET ADDRESS	11469 NW 34 STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Alexandra Perez

VSP 04-01-05 (305) 25A-3636

Date

Daytime Phone #