2004 FOR PROFIT CORPORATION

of the corporation or the receiver or trustee emochanged, or on an attachment with an address,

SIGNATURE:

with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P98000090745 1. Entity Name 04-30-2004 90300 042 ***150.00 EURO-ROAD INC. Principal Place of Business Mailing Address 320 SE 11TH AVE 108 POMPANO BEACH FL 33062 320 SE 11TH AVE 108 POMPANO BEACH FL 33062 2025 NE 32ND STR. Suite, Apt. #, etc MOORE CR2E034 (11/03) HENTHOUSE POINT FL Applied For 4. FEI Number POINT GHT HOUSE 65-0916394 Not Applicable Zip 33064 BROWARD \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRYNDUS, ROMAN Street Address (P.O. Box Number is Not Acceptable) 320 SE 11TH AVE 108 POMPANO BEACH FL 33060 2025 NE 32 ND CITY LIGHT HOUSE POINTFL 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 od title if applicable (NOTE: Registere FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE Delete TITLE Change Addition ROMAN TRYNDUS TRYNDUS, ROMAN NAME NAME 3025 NE 32 ND STR 320 SE 11TH AVE 108 STREET ADDRESS STREET ADDRESS FL 33064 POMPANO BEACH FL 33062 CITY-ST-ZIP POINT CITY-ST-ZIP LIGHTHOUSE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP 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 eath; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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