

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90857 001 ***450.00

DOCUMENT # P98000107251					
1. Entity Name TOUCH OF EUROPE, INC.					
Principal Place of Business 730 W. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009			Mailing Address 730 W. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0890112	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SZCZEPKOWSKI, DORIS 3701 N. COUNTRY CLUB DRIVE #1609 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name JOLANTA SARIS-SZYFTER Street Address (P.O. Box Number is Not Acceptable) 730 W. HALLANDALE B. BLVD. City HALLANDALE BEACH FL Zip Code 33009		
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 <u>Jolanta Saris-Szyfter</u> JOLANTA SARIS-SZYFTER 04.29.04 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SZYFTER, JOLANTA S		NAME		
STREET ADDRESS	1535 MADISON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	DVS ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DOROFEEV, BORIS		NAME		
STREET ADDRESS	409 POINCIANA ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	N.MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Jolanta Saris-Szyfter</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date Daytime Phone #	