## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	REPORT	, , , , , , , , , , , , , , , , , , , ,	_ Secr	retary of State
DOCU	MENT # P98000107	251			-2004 90857 001 ***450.00
1. Entity Nam	e OF EUROPE, INC.				
1000110	or Lorton L, into.	•			
Principal Place	e of Business	Mailing Address			~H41
730 W. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009		730 W. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009			,
2. Principal Pl	tace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004 Chg-P	CR2E034 (10/03)
City & State		City & State		4. FEI Number	Applied For
				65-0890112	Not Applicat
Zip	— Country	Zip Zip	Country -	5. Certificate of Status Desi	Fee Required
ļ	6. Name and Address of Current	Registered Agent	Name 1	7. Name and Address of N	
	OWSKI, DORIS		<u> </u>	OLANTA SAR	
3701 N. COUNTRY CLUB DRIVE #1609 AVENTURA, FL 33180			730	ess (P.O. Box Number is Not Acce)	DALE B. BLUE
			City	ANDRIE REC	FL 35009
		r the purpose of changing its	registered office or reg	gistered agent, or both, in the State	of Florida. I am familiar with, and acce
the obligat	tions of registered agent.	, _	TOLON	TA SARIS-52	IFTER 04.29.0
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11
TITLE NAME	DP	☐ Delete	TITLE		☐ Change ☐ Addit
STREET ADDRESS	SZYFTER, JOLANTA S 1535 MADISON ST.		NAME STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	DVS	☐ Delete	TITLE		☐ Change ☐ Addit
NAME	DOROFEEV, BORIS		NAME		
STREET ADDRESS CITY-ST-ZIP	409 POINCIANA ISLAND DR. N.MIAMI BEACH, FL 33160		STREET ADDRESS CITY-ST-ZIP		
TITLE		. □ Delete	TITLE	T-01	☐ Change ☐ Addit
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1	
TITLE		□ Delete	TITLE		☐ Change ☐ Addit
NAME		□ Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	·····	<u></u>
- TITLE		☐ Delete	TITLE		☐ Change ☐ Addit
NAME STREET ADDRESS			name Street address		· ·
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addit
NAME			NAME		<del></del> -
STRFET ADDRESS	l		STREET ADDRESS		

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.

CITY-ST-ZIP

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.	•	
SIGNATURE: Chlenk Son: - Sit		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #