


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90327 030 ***150.00

DOCUMENT # P99000008984

1. Entity Name
EURO-AMERICA INTERNATIONAL INVESTMENTS, INC.



Principal Place of Business
**2617 COVE CAY DR #502
 CLEARWATER, FL 33760**

Mailing Address
**2617 COVE CAY DR #502
 CLEARWATER, FL 33760**

50037771



2. Principal Place of Business
**818 U.S. HIGHWAY 1
 Suite, Apt. #, etc. 4.C.**

3. Mailing Address
**P.O. BOX
 Suite, Apt. #, etc. 2676**

04112005 Chg-P CR2E034 (10/03)

City & State
NORTH PALM BEACH PALM BEACH FL

Zip Country Zip Country
FL.33408 PALM BEACH 33480 PALM BEACH

4. FEI Number
59-3559046

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VICOVEANU, SAVIN
 800 COVE CAY DR. #4E
 CLEARWATER, FL 33760**

7. Name and Address of New Registered Agent

Name
SAVIN VICOVEANU

Street Address (P.O. Box Number is Not Acceptable)
**818 U.S. HIGHWAY 1
 Suit # 4C.**

City
NORTH PALM BEACH FL Zip Code
33408

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VICOVEANU, SAVIN	
STREET ADDRESS	800 COVE CAY DR. #4E	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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: *Savin Vicoveanu* **4/11/05** **561-827-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #