


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2005 8:00 am
Secretary of State

04-25-2005 90229 019 ***150.00

| | |
|--|---|
| DOCUMENT # P99000011083 |  |
| 1. Entity Name EUROPEAN INC. | |


| | |
|---|---|
| Principal Place of Business C/O PAULO M BATISTA 9108 SEWELL LN. 8194 NITTANY RD. SPRING HILL FL 34608 Brooksville, FL 34613 | Mailing Address C/O PAULO M BATISTA 9108 SEWELL LN. 8194 NITTANY RD. SPRING HILL FL 34608 Brooksville, FL 34613 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/04)

| | |
|--|---|
| 4. FEI Number 59-3556572 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| BATISTA, PAULO M  Paulo Batista 8194 Nittany Rd. Weeki Wachee, FL 34613 | |

| | |
|---|--|
| 7. Name and Address of New Registered Agent | |
| Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

| | |
|---|--|
| 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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE P NAME BATISTA, PAULO M STREET ADDRESS 9108 SEWELL LN CITY - ST - ZIP SPRING HILL FL 34608 | <input checked="" type="checkbox"/> Delete |
| TITLE V NAME CRESCIMANNO, JOHN STREET ADDRESS 8172 PAZODA DR. CITY - ST - ZIP SPRING HILL FL 34606 | <input checked="" type="checkbox"/> Delete |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Delete |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Delete |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Delete |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE Paulo M BATISTA NAME 8194 NITTANY RD. STREET ADDRESS Weeki Wachee, FL 34613 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE John Crescimanno NAME 8160 NITTANY RD. STREET ADDRESS Brooksville, FL 34613 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Paulo Batista 6-4-05 352 6868966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #