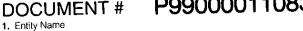
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000011083

EUROPEAN INC.





FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90233 024 ***150.00

COD WE THE

Principal Place of C/O PAULO M B 9108 SEWELL LN SPRING HILL FL	ATISTA 1.	Mailing Address C/O PAULO M BATISTA 9108 SEWELL LN. SPRING HILL FL 34608		
2. Principal Plac	ce of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3556572 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
	O. Hame and Addition		Name	and the group of the section is sufficiently as the section of the
BATISTA, PAULO M			Street Addres	ess (P.O. Box Number is Not Acceptable)
9108 SEWELL LN SPRING HILL FL 34608				FL Zip Code
			City	gistered agent, or both, in the State of Florida. I am familiar with, and accept
FI	Signature, typed or printed name of registered age LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	00	TE: Registered Agent signature rec	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check	Payable to Florida Department	of State		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.		ND DIRECTORS	11.	☐ Change ☐ Addition
NAME	P BATISTA, PAULO M 9108 SEWELL LN SPRING HILL FL 34608	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	C Addition
TITLE NAME	V CRESCIMANNO, JOHN 8172 PAZODA DR.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	SPRING HILL FL 34606	☐ Delete	TITLE NAME	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	·- , ·		STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP-	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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:

Daytime Phone #