2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000015226

Address:

City-St-Zip:

EYRARHOLT,6

HAFNAR FJORDUR ICELAND. 220

Entity Name: EURODESIGN & CONSTRUCTION, INC.

FILED Apr 14, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5043 S.W. 92 AVENUE COOPER CITY, FL 33328 **Current Mailing Address: New Mailing Address:** 5043 S.W. 92 AVENUE COOPER CITY, FL 33328 FEI Number: 65-0895566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALSON, MAGNUS 5043 S.W. 92 AVENUE COOPER CITY, FL 33328 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. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PALSSON, MAGNUS Name: Name: 5043 S.W. 92 AVENUE Address: Address: City-St-Zip: COOPER CITY, FL 33328 City-St-Zip: Title: Title: () Delete () Change () Addition PALSSON, GUDMUNDUR Name: Name: P O BOX 509 Address: Address: HAFNAR FJORDUR ICELAND, 222 City-St-Zip: City-St-Zip: Title: VPSD Title: () Delete () Change () Addition RAGNARSDETTIR, HELGA Name: Name: 5043 S W 92 AVENUE Address: Address: City-St-Zip: COOPER CITY, FL 33328 City-St-Zip: Title: () Delete Title: () Change () Addition GUDMUNDSDETTIT, LOUISA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PALSSON, MAGNUS P 04/14/2002