## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

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

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 Secretary
04-18-2005 903

DOCUMENT # P99000028593 1. Entity Name EURO BUSINESS MANAGEMENT, INC. 50038347 Principal Place of Business Mailing Address 11300 US HWY. ONE, SUITE 203 11300 US HWY. ONE, SUITE 203 N. PALM BCH, FL 33408-3208 N. PALM BCH, FL 33408-3208 2. Principal Place of Business 2401 PGA Blvd. 3. Mailing Address 2401 PGA Blvd. 148 Apt. #, etc. 1<sup>Suite, Apt. #, etc.</sup> 03032005 Chg-P CR2E034 (10/03) City & State Palm Beach Gardens, FL City & State 4. FEI Number Applied For Palm Beach Gardens, FL 65-0919602 Not Applicable Zip Country Country Zip \$8.75 Additional XX 5. Certificate of Status Desired USA U\$A Fee Required 33410 33410 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Max Fricker</u> FRICKER, H. MAX 11300 US HWY, ONE, SUITE 203 Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BTVd., Suite 148 N. PALM BCH, FL 33408-3208 Palm Beach Gardens 14 14 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. H. Max Fricker 3-15995 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE n Delete TITLE Change Addition MANG, HELGA M NAME NAME Helga M. Mang STREET ADDRESS 11300 US HWY. ONE, SUITE 203 STREET ADDRESS 2401 PGA Blvd., Suite 148 N. PALM BCH, FL 334083208 CITY-ST-ZIP CITY-ST-ZIP <u>Palm Beach Gardens. Fl</u> 33410 MILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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:

IGNATURE AND TYPED OR RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helga M. Mang

3-15-05

561-625-1005