2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035715

Name:

Address:

City-St-Zip:

FILED Feb 23, 2004 Secretary of State

| Entity Nar | ne: EUROCA | PITAL SERVICE CORPORA | TION | | | |
|--------------------------------------------------------------|-------------------------------------------------------|--------------------------------|-----------------------------------------------------------|----------------------------------------------|-------------------------------------------|----------------------------------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 25 SE 2NC SUITE 114 MIAMI, FL | 8 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 25 SE 2ND AVENUE SUITE 148 MIAMI, FL 33131 | | | 25 SE 2ND AVENUE SUITE 1148 MIAMI, FL 33131 | | | |
| FEI Number: 65-0915524 FEI Number Applied For () FEI Number | | | nber Not Applicable () Certificate of Status Desired (X) | | | |
| Name and | Address of C | current Registered Agent: | | Name and | Address o | of New Registered Agent: |
| 25 SE 2ND 1148 MIAMI, FL The above | 33131 US named entity s of Florida. | submits this statement for the | purpose o | f changing it | ts registere | d office or registered agent, or both, |
| Electronic Signature of Registered Agent | | | | Date | | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PD () THEUERMEIST 1717 N BAYSH MIAMI, FL 331 | ORE DR #3452 | | Title: Name: Address: City-St-Zip: | PD GROSS, MI 25 SE 2ND MIAMI, FL | AVENUE, SUITE 1148 |
| Title: Name: Address: City-St-Zip: | THEUERMEIST | ENUE, SUITE 1148 | | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: | () | Delete | | Title: | s | () Change (X) Addition |

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.

Name:

Address:

City-St-Zip:

THEUERMEISTER, WOLF 25 SE 2ND AVENUE, SUITE 1148

MIAMI, FL 33131 US

SIGNATURE: WOLF THEUERMEISTER S 02/23/2004