2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

$158.75

DOCUMENT # P99000041162

1. Entity Name
EULOS, INC.

Principal Place of Business	Mailing Address
10856 N.W. 27 ST. MIAMI, FL 33172	10856 N.W. 27 ST. MIAMI, FL 33172

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1059360
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAJOY, LILLIAM
300 ARAGON AVE., SUITE 305
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	DE TRESPALACIOS, OSCAR
STREET ADDRESS	10856 N.W. 27TH ST.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	DE TRESPALACIOS, GLORIA E
STREET ADDRESS	10856 NW 27TH STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	BOLIVAR, ANA M
STREET ADDRESS	10856 NW 27TH ST.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	BOLIVAR, JOYCE T
STREET ADDRESS	10856 NW 27TH STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DVP
NAME	UGHETTI, CARLOS M
STREET ADDRESS	10856 NW 27TH STREET
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	CORRALES, RICARDO V
STREET ADDRESS	10856 NW 27TH STREET
CITY-ST-ZIP	MIAMI, FL 33172

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01/23/06-80017-012 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-11-06 305 513-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #