2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
01-25-2005 90026 014 ***150.00

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01122005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000043182

1. Entity Name
EURO-AMERICAN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2551 DREW STREET, STE 207 CLEARWATER FL 33765	2551 DREW STREET, STE 207 CLEARWATER FL 33765

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 301		Suite, Apt. #, etc. Suite 301	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3578648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAZAS, BILL W
1660 GULF BLVD, #307
CLEARWATER, FL 33767

7. Name and Address of New Registered Agent
Name: Bill W. Mazas
Street Address (P.O. Box Number is Not Acceptable): 707 Island Way
City: Clearwater FL Zip Code 33767

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 [signature] 2/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZAS, BILL W 1660 GULF BLVD, #307 CLEARWATER, FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAZAS, BILL W 707 ISLAND WAY CLEALWATER, FL 33767	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature]