

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91793 042 \*\*\*150.00

0357047 AV

**DOCUMENT # S34899**

1. Entity Name  
1410 EUCLID AVENUE, INC.



Principal Place of Business 1410 EUCLID AVE. P. O. BOX 1451 MIAMI BEACH FL 33119	Mailing Address C/O LUNDY & SHACTEL 9655 W BROWARD BLVD PLANTATION FL 33324
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2. Principal Place of Business C/O MARY E. PRADUS, CPA, PA Suite, Apt. #, etc. 420 LINCOLN ROAD, # 357 City & State MIAMI BEACH, FL	3. Mailing Address C/O MARY E. PRADUS, CPA, PA Suite, Apt. #, etc. 420 LINCOLN ROAD, # 357 City & State MIAMI BEACH FL
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CHECK HERE IF MAKING CHANGES

4. FEI Number 31-9687538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired 33139 U.S.A.	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EINHORN, SHALOM  
1606 PENNSYLVANIA AVE.  
STE. #2  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EINHORN, CILA 137 PRINZREGENTEN ST. MUNICH, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EINHORN, SHALOM 1606 PENNSYLVANIA AV #2 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X* SIGNATURE EINHORN *X* 4/30/03 305-538-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)