

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90253 002 ***150.00

DOCUMENT # S73715

1. Entity Name

EUROEXIM LABORATORIES CORPORATION



Principal Place of Business

6073 NW 167TH ST.
UNIT C-20
MIAMI FL 33015

Mailing Address

782 NW LE JEUNE RD
629
MIAMI FL 33126-5547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0461559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSVALDO NAVARRO
C/O OSVALDO NAVARRO CPA
782 NW LE JEUNE RD STE 629
MIAMI FL 33126

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

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, 2004. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HARRIS, CELINDA
STREET ADDRESS 174 WINSTON TOWER 600/1911
CITY-ST-ZIP MIAMI FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18941 SW 33 COURT
CITY-ST-ZIP MIRAMAR, FL. 33029-5839

TITLE D ☐ Delete
NAME SANTAMARTA, FERNANDO
STREET ADDRESS 174 WINSTON TOWER 600/1911
CITY-ST-ZIP MIAMI FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18941 SW 33 COURT
CITY-ST-ZIP MIRAMAR, FL. 33029-5839

TITLE S ☐ Delete
NAME SANTAMARTA, AURA
STREET ADDRESS 3500 MYSTIC POINT DR. UNIT 3206
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Santamarta

09/26/04

Date

305-819-9225

Daytime Phone #