


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000056031
1. Entry Name
EURO EXCHANGE, CORP.



Principal Place of Business Mailing Address
1717 NORTH BAY SHORE DRIVE SUITE 129 1717 NORTH BAY SHORE DRIVE SUITE 129
MIAMI, FL 33132 MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0938620 Not Applicable

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

6. Name and Address of Current Registered Agent
GASPARINI, LUIS
1717 NORTH BAY SHORE DRIVE SUITE 129
MIAMI, FL 33132

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IN THIS SPACE**

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) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASPARINI, LUIS 1717 NORTH BAY SHORE DRIVE SUITE 129 MIAMI, FL 33132
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02/12/05-80051-018 150.00

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IN THIS SPACE**

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: _____ Date: 02/09/05 Daytime Phone # _____