

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000053184 1. Entity Name EVA'S CRAFT, CORP.					
Principal Place of Business 3355 W 68 ST #169 HIALEAH, FL 33018			Mailing Address 3355 W 68 ST #169 HIALEAH, FL 33018		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07222004 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 41-2042678	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, EVANGELINA 3355 W 68 ST #169 HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 Agents signatures required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, EVANGELINA 3355 W 68 ST #169 HIALEAH, FL 33018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, RENE 3355 W 68 ST #169 HIALEAH, FL 33018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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			7-23-04 305-827-4271 Date Daytime Phone #		