
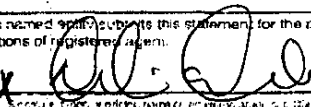
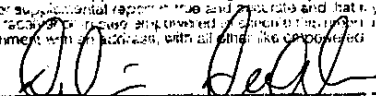


FILED
Jun 21, 2004 8:00 am
Secretary of State

05-06-2004 90186 037 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000110464			
1. Entity Name EVERSHINE, INC.			
Principal Place of Business 7690 W AIRPORT BLVD SANFORD, FL 32773		Mailing Address 1390 W AIRPORT BLVD SANFORD, FL 32773	
2. Principal Place of Business		3. Mailing Address	
City, Apt #, etc.		City, Apt #, etc.	
City & State		City & State	
Zip		City	
Country		Country	
4. FEIN Number 53-3614972		Applied For (Not Applicable)	
5. Certification of Status Desired <input type="checkbox"/>		\$275 International Fee Required	
6. Name and Address of Current Registered Agent AKBARALI, ALNOOR 6701 S US 1 BUNNELL, FL 32773		7. Name and Address of New Registered Agent DEEPANKAR DILIP 1690, W AIRPORT BLVD SANFORD FL - 32773	
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, the registrant, with and accept the obligations of registered agent.		DATE: 06/18/04	
SIGNATURE: 		DATE	
9. Election Campaign Financing: Trust and Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!! FEE IS \$350.00 Due by September 8, 2004			
10. OFFICERS AND DIRECTORS		11. ADDITIONAL OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	FO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKBARALI, ALNOOR	NAME	DEEPANKAR DILIP
STREET ADDRESS	6701 S US 1	STREET ADDRESS	1690, W AIRPORT BLVD
CITY-ST-ZIP	BUNNELL, FL 32773	CITY-ST-ZIP	SANFORD - 32773
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(b) 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. I am an officer or director of the corporation or the sole proprietor, partner, or trustee of a partnership, and I am not required by Chapter 689, Florida Statutes, and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like corporations.			
SIGNATURE: 		DATE: 06/18/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66428661



06172004 Chg-P CR2E034 (10/03)

53-3614972

\$275 International Fee Required

DEEPANKAR DILIP
 1690, W AIRPORT BLVD
 SANFORD FL - 32773
 FL Zip Code

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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE:  DATE: **06/18/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE