

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005888

**Entity Name:** EVOLVING LIVES, INC.

**Current Principal Place of Business:**

123 NORTH KROME AVE,  
SUITE 200  
HOMESTEAD, FL 33030

**Current Mailing Address:**

123 NORTH KROME AVE,  
SUITE 200  
HOMESTEAD, FL 33030 US

**FEI Number:** 81-2969786

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
STE. A  
TAMPA, FL 33612 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LUCIN, KHRISTOPHER  
Address 27700 SW 164TH AVE  
City-State-Zip: HOMESTEAD FL 33031

Title D  
Name GOMEZ, LAKISHA  
Address 453 S.W. 3RD AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title PSTD  
Name ENRIQUEZ, FRANCISCO  
Address 27620 SOUTHWEST 164TH AVENUE  
City-State-Zip: HOMESTEAD FL 33031

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCISCO ENRIQUEZ

**PRESIDENT**

**02/14/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date