

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000066175

**Entity Name:** EVABELLA CORP

**Current Principal Place of Business:**

WEST ATLANTIC AVENUE  
78 ACRES  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

6015 GARFIELD STREET  
HOLLYWOOD, FL 33024

**FEI Number:** 36-4558629

**Certificate of Status Desired:** No

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

GONZALEZ, IRVING J  
6015 GARFIELD STREET  
HOLLYWOOD, FL 33024 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 P  
Name VILARINO, ANTONIO  
Address 6015 GARFIELD STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title VP  
Name VILARINO, NILDA E  
Address 6015 GARFIELD STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title O  
Name VILARINO, VILMA  
Address 6015 GARFIELD STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title O  
Name VILARINO, IRINA  
Address 6015 GARFIELD STREET  
City-State-Zip: HOLLYWOOD FL 33024

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONIO VILARINO

**PRESIDENT**

**05/01/2024**

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

\_\_\_\_\_  
Date