2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # 202155

1. Entity Name
EVERGLADES WAREHOUSES CORP.

Principal Place of Business	Mailing Address
7086 SW 4TH ST MIAMI, FL 33144	7086 SW 4TH ST MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0802200
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VENTO, OSVALDO SR
7086 SW 4TH ST
MIAMI, FL 33144

DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VENTO, OSVALDO
STREET ADDRESS	250 S.W. 84TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	TV
NAME	VENTO, LILIA
STREET ADDRESS	250 S.W. 84TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	VENTO, OSVALDO M
STREET ADDRESS	250 SW 84TH AVE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636058
02/26/07-80001-012 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Osvaldo Vento 2/12/07 (305) 266-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #