


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 202155</b> 1. Entity Name EVERGLADES WAREHOUSES CORP.	
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Principal Place of Business 7086 SW 4TH ST MIAMI, FL 33144	Mailing Address 7086 SW 4TH ST MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0802200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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05/20/08-80047-005 150.00

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 4/28/08 (305) 266-2804

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