

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90082 038 ***150.00

DOCUMENT # 528463

1. Entity Name
EVERLAST CHEMICAL CORP.



Principal Place of Business
**2091 NW 29 ST
FT LAUDERDALE, FL 33311 US**

Mailing Address
**2091 NW 29 ST
FT LAUDERDALE, FL 33311 US**

40003974



2. Principal Place of Business
6881 N.W. 16 Terrace
Suite, Apt. #, etc.

3. Mailing Address
6881 N.W. 16 Terrace
Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale, FL
Zip
33309
Country
USA

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Fort Lauderdale, FL
Zip
33309
Country
USA

4. FEI Number
59-1728678
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COHN, GARY
2091 N.W. 29 STREET
FT. LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent
Name
COHN, GARY
Street Address (P.O. Box Number is Not Acceptable)
6881 N.W. 16 Terrace
City
Fort Lauderdale FL Zip Code
33309

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 **GARY COHN**
Signature, typed or printed name of registered agent and title if applicable

1/18/05
DATE

(NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHN, GARY 11548 NW 20 CT CORAL SPG, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **GARY COHN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05 954 957 9755
Daytime Phone #