

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

04-24-2006 90454 021 \*\*\*150.00  
F05000007422

**FILED**

06 AUG -9 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**50015356**

<b>DOCUMENT # F05000007422</b>	
1. Entity Name <b>EVERGREEN BROTHERS INVESTMENT CORPORATION</b>	



Principal Place of Business <b>345 SOUTH POST STREET MAYAGUEZ PUERTO RICO 00680, XX</b>	Mailing Address <b>P.O. BOX 299 MAYAGUEZ PUERTO RICO 00681, XX</b>
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6. Name and Address of Current Registered Agent <b>LOPEZ-CASTRO, AMADEO II 901 PONCE DE LEON BLVD., #304 CORAL GABLES, FL 33134</b>	
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03212006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>66-0645770</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LOPEZ-CASTRO, AMADEO II 901 PONCE DE LEON BLVD., #304 CORAL GABLES, FL 33134</b>	
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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, 2008 Fee will be \$350.00**

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 PINO, IGNACIO J P.O. BOX 299 MAYAGUEZ, PUERTO RICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD PINO, AMADEO P.O. BOX 299 MAYAGUEZ, PUERTO RICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINO, CARMEN P.O. BOX 299 MAYAGUEZ, PUERTO RICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PINO, CORALI P.O. BOX 299 MAYAGUEZ, PUERTO RICO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2c 8/10