2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2007 08:00 AM DOCUMENT # F25161 **Secretary of State** 1. Entity Name EVAN PIPER ENTERPRISES, INC. Principal Place of Business Mailing Address 1885-B NE 149 ST 1885-B NE 149 ST NORTH MIAMI FL 33181 US N MIAMI FL 33181 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-2153822 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIPER, EVAN 1885-B NE 149 ST Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33181 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete THE Change Addition PIPER, EVAN S NAME NAMI 16425 NE 23ND AVE U00000665379 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 03/23/07-80026-012 150.00 CITY - ST- 7IP CITY-ST-ZIP THE ☐ Delete HILE ☐ Change ☐ Addition NAME NAMI: STREET ADDRESS STREET ADDRESS CITY - ST-7/P CITY-ST-ZIP TITLE ☐ Delete 000 Change ☐ AddItion NAMI STREET ADDRESS STRUET ADDRESS CITY - ST - 7JP CITY-ST-ZIP THILE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP IIILE ☐ Delete Change IIILL Additron NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ☐ Defete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this open as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachmoot with an address, with all other like empowered.

SIGNATURE:

55. 3807 (30s)

(305)940-203

FILED