
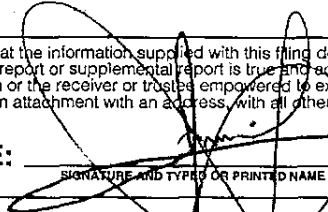


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # G13647		
1. Entity Name EVERLASTING RAIN SYSTEMS, INC.		
Principal Place of Business 6065 NW 167TH STREET SUITE B-9 MIAMI LAKES, FL 33015 US	Mailing Address 6065 NW 167TH STREET SUITE B-9 MIAMI LAKES, FL 33015 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MORERA, JUAN A. 16234 NW 82ND PLACE MIAMI LAKES, FL 33016		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORERA, JUAN ALBERTO 16234 NW 82ND PLACE HIALEAH, FL 33016	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORERA, JUSTO 265 WEST 62 STREET HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MORERA, ROSENDA 16234 NW 82ND PLACE HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <u>JUAN A. MORERA</u>		<u>1/16/04</u> <u>305-364-0081</u> <small>Date Daytime Phone #</small>



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2251456	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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01/20/04-80015-007 158.75