2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13647

Title:

Name:

Address:

City-St-Zip:

Entity Name: EVERLASTING RAIN SYSTEMS, INC.

FILED Jan 15, 2009 Secretary of State

Zinity Mainer Evenez	STING TO MY GTOTEMO, INC.			
Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
6043 NW 167TH STREET A-8 MIAMI, FL 33015 US		6043 NW 167TH MIAMI LAKES, FL		
Current Mailing Address:		New Mailing Add	New Mailing Address:	
6043 NW 167TH STREET A-8 MIAMI, FL 33015 US			6043 NW 167TH STREET A-8 MIAMI LAKES, FL 33015 US	
FEI Number: 59-2251456	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Addre	Name and Address of New Registered Agent:	
MORERA, JUAN A 16234 NW 82ND PLACE MIAMI LAKES, FL 33016				
The above named entity sin the State of Florida.	submits this statement for the pu	rpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD () Name: MORERA, JUAI Address: 16234 NW 82N City-St-Zip: HIALEAH, FL 3	D PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: V () Name: MORERA, JUS Address: 265 WEST 62 S City-St-Zip: HIALEAH, FL 3	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: ST () Name: MORERA, ROS Address: 16234 NW 82N City-St-Zip: HIALEAH, FL 3	D PLACE	Address: 16234	(X) Change () Addition RA, ROSENDA NW 82ND PLACE LAKES, FL 33016	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUAN ALBERTO MORERA PD 01/15/2009

() Delete

MORERA, JONATHAN

16234 NW 82ND PLACE

MIAMI LAKES, FL 33016

() Change () Addition