

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90064 001 ***158.75

DOCUMENT # K47615 1. Entity Name EVELYN S. POOLE LTD., INC.	
---	---

Principal Place of Business 3925 NORTH MIAMI AVENUE MIAMI, FL 33127 P O BOX 546463, BAL HARBOUR, FL 33154	Mailing Address 3925 NORTH MIAMI AVENUE MIAMI, FL 33127 P O BOX 546463 BAL HARBOUR, FL 33154
---	--



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0085039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KROOP, RICHARD
800 WEST AVENUE
#C-1
MIAMI BEACH, FL 33139

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.

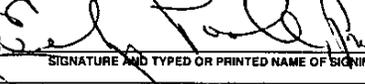
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PST POOLE, EVELYN S. 284 BAL BAY DRIVE PENTHOUSE BAY HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, EVELYN S. 284 BAL BAY DR PENTHOUSE BAY HARBOUR, FL 33154
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 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 the empowered.

SIGNATURE:  EVELYN POOLE/PRESIDENT 04-08-2005 (305) 573 7463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #