


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State


04-16-2004 90119 005 ***150.00

DOCUMENT # K65987 1. Entity Name EVERGREEN FINANCE CORP.	
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Principal Place of Business 384 S. MILITARY TRAIL DEERFIELD BCH FL 33442 US	Mailing Address 384 S. MILITARY TRAIL DEERFIELD BCH FL 33442 US
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2. Principal Place of Business 2500 N. MILITARY TR. Suite, Apt. #, etc. 260	3. Mailing Address 2500 N. MILITARY TR. Suite, Apt. #, etc. 260
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431	Country US
Zip 33431	Country US


 MOORE CR2E034 (11/03)

4. FEI Number 65-0161257	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GOLDSTEIN, ARNOLD S.
 384 S. MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2500 N. MILITARY TR. #260
 City **BOCA RATON** FL Zip Code **33431**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	DP <input type="checkbox"/> Delete GOLDSTEIN, ARNOLD S. 384 SO MILITARY TRAIL DEERFIELD BCH FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <input type="checkbox"/> Delete GOLDSTEIN, MARLENE J 942 EVERGREEN DR. DELRAY BCH FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 942 EVERGREEN DR DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  4/12/04 561-953-1050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #