

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000030502**

1. Entity Name

EVERGREEN INVESTMENTS OF AMERICA, INC.



Principal Place of Business

3795 NW SOUTH RIVER DRIVE  
MIAMI, FL 33142

Mailing Address

3795 NW SOUTH RIVER DRIVE  
MIAMI, FL 33142



04152004 No Chg-P CR2E004 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0386634

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ZAMBRANA, JAY  
3795 NW SOUTH RIVER DRIVE  
MIAMI, FL 33142

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000156925  
05/05/04-80091-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	ZAMBRANA, JAY
STREET ADDRESS	10520 S.W. 96TH TERRACE
CITY ST ZIP	MIAMI, FL 33176
TITLE	SVD
NAME	LOPEZ, JUAN
STREET ADDRESS	3795 NW SOUTH RIVER DRIVE
CITY ST ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 305  
634-7374