


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000030502**  
1. Entity Name  
**EVERGREEN INVESTMENTS OF AMERICA, INC.**



Principal Place of Business      Mailing Address  
**3795 NW SOUTH RIVER DRIVE**      **3795 NW SOUTH RIVER DRIVE**  
**MIAMI, FL 33142**      **MIAMI, FL 33142**

**DO NOT WRITE IN THIS SPACE**



03302005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>03-0386634</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      NOTE: Registered Agent signature required when reinstating

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	PTD ZAMBRANA, JAY 10520 S.W. 96TH TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD LOPEZ, JUAN 3795 NW SOUTH RIVER DRIVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UDD000358417  
05/04/05-80114-014 150.00

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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:** \_\_\_\_\_ **SVD**      **4/27/05**      **305 634 7374**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #