



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90066 034 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P00000092981</b><br>1. Entity Name<br><b>EVA LAURE CORPORATION</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>7800 RED RD SUITE 216<br/>MIAMI, FL 33143</b>  |  |   | Mailing Address<br><b>7800 RED RD SUITE 216<br/>MIAMI, FL 33143</b>  |  |  |
| 2. Principal Place of Business<br><b>304 Palermo Ave<br/>Suite, Apt. #, etc.<br/>Second Floor</b>  |  | 3. Mailing Address<br><b>304 Palermo Ave<br/>Suite, Apt. #, etc.<br/>Second Floor</b> |  |  |  |
| City & State<br><b>Coral Gables, FL</b>  |  | City & State<br><b>Coral Gables, FL</b>   |  | 01202006 Chg-P CR2E034 (11/05)   |  |
| Zip <b>33134</b> Country <b>USA</b>  |  | Zip <b>33134</b> Country <b>USA</b>   |  | 4. FEI Number<br><b>65-1045702</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TRANSGLOBAL CORPORATE ADMINISTRATION INC.<br/>520 BRICKELL KEY DRIVE SUITE 0-305<br/>MIAMI, FL 33131</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <b>01 25 2006</b> DATE   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>SANCHEZ, GUY</b><br><b>7800 RED RD SUITE 216</b><br><b>MIAMI, FL 33143</b>      | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SANCHEZ, GUY</b><br><b>304 Palermo Ave 2nd Fl.</b><br><b>Coral Gables, FL 33134</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>SANCHEZ, LAURENCE</b><br><b>7800 RED RD SUITE 216</b><br><b>MIAMI, FL 33143</b> | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Laurence Sanchez</b><br><b>304 Palermo Ave 2nd Fl.</b><br><b>Coral Gables, FL 33134</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | <b>01 25 2006 305 5690553</b><br>Date Daytime Phone #  |  |  |