## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 13, 2005 08:00 AM Secretary of State

DOCUMENT # P01000001		ANNUAL REPORT		
Entity Name     EVOLUTION USA, INC.	434		Secretary of Stat	
Principal Place of Business 2915 BISCAYNE BLVD. SUITE 303 MIAMI, FL 33137	Mailing Address 2915 BISCAYNE BLVD. SUITE 303 MIAMI, FL 33137		- - - 1	
DO NOT WRITE	IN THIS SPA	CE	01052005 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For 91-1997007   Not Applicab  5. Certificate of Status Desired	
6. Name and Address of Current	Registered Agent			
BOHATCH, JOHN PENTHOUSE B, DOUGLAS CENTER 2600 DOUGLAS RD MIAMI, FL 33134	<u></u>		DO NOT WRITE IN THIS SPACE	
The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent agent agent agent.		red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with, and accept definition of the state of Florida. I am familiar with a state of Florida. I am familiar with a state of Florida.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	Section Campaign Final     Trust Fund Contribution		i.00 May Be jed to Fees	
10. OFFICERS AND  TITLE D  NAME DUBARRY, FRANCK  STREET ADDRESS 2915 BISCAYNE BLVD. SUITE 3  MIAMI, FL 33137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1/00000179971 01/13/05-80038-019 150.00	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY: ST-ZIP				

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:

NAME STREET ADDRESS



1-5-05

30S - 438-0880 Daydine Phone #

Date