

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL -2 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000001434

1. Entity Name
EVOLUTION USA, INC.



Principal Place of Business
2915 BISCAYNE BLVD.
SUITE 303
MIAMI, FL 33137

Mailing Address
2915 BISCAYNE BLVD.
SUITE 303
MIAMI, FL 33137



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
91-1997007

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHATCH, JOHN
PENTHOUSE B, DOUGLAS CENTER
2600 DOUGLAS RD
MIAMI, FL 33134

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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 fee if applicable

(If 2011: Registered Agent signature required when remaining)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DUBARRY, FRANK
STREET ADDRESS
2915 BISCAYNE BLVD. SUITE 303
CITY- ST- ZIP
MIAMI, FL 33137 ☒ Delete

TITLE
NAME
D/C
Yana, Jean-Claude
STREET ADDRESS
2915 Biscayne Blvd., Ste 303
CITY- ST- ZIP
Miami, FL 33137 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
D/CEO
Ohayon, Gilbert
STREET ADDRESS
2915 Biscayne Blvd., Ste. 303
CITY- ST- ZIP
Miami, FL 33137 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilbert Ohayon, CEO

22 June 2007

Date

Daytime Phone #