

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000117113

1. Entity Name
EVOTECH USA, INC.



Principal Place of Business
**1369 N KILLIAN DRIVE
LAKE PARK, FL 33403**

Mailing Address
**1369 N KILLIAN DRIVE
LAKE PARK, FL 33403**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3598506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FEYHL, HARTMUT
1369 N KILLIAN DRIVE
LAKE PARK, FL 33403**

**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 reinstating)

DATE

04/11/05

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

000000305241
04/14/05-80075-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEYHL, HARTMUT 1369 N KILLIAN DRIVE LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMAN, OLIVER 1369 N KILLIAN DRIVE LAKE PARK, FL 33403
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**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)(f), 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 #

04/11