2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90247 027 ***150.00

DOCUMENT # P0200006577 1. Entity Name EVERSCAPE, INC.					04-30-2	2004 90247	027 **	*150.00
Principal Place of Business Mailing Address 11800 SW 44TH STREET 11800 SW 44TH STREET DAVIE, FL 33330 DAVIE, FL 33330						9407	5329	1
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				04272004	Chg-P	CR2E034	(10/03)	
City & State	City & State			4. FEI Numbe 02-0545			- 	plied For
Zip Country	Zip	Country			of Status Desired	□ \$1	3.75 Add	litional
6. Name and Address of Current	Registered Agent			7. Name and	Address of New			
DI BOSW, PAM M 11800 SW 44TH STREET DAVIE, FL 33330			400 5400 5400	P.O. Box Numbe	rrer, C ris Not Acceptable niversity O (PA, P. P.	?,	
8. The above named entity submits this statement for the purpose of changing its regist			Dai			FL	Zip Cod	3328
SIGNATURE Signatury pred Printed name of registered agents FILE NOW!!! FEE IS \$150,00	nd title if applicable. (NOT	E: Registered Agent signa	ture required		4/	/27/0 DATE	i/ ,	
After May 1, 2004 Fee will be \$550.0								
TILE D		11.	—	ADDITIONS/0	CHANGES TO OF			
TITLE D NAME DI BOSCO, PAMELAVAZELLA STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33330	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mar 1180	zzelbdi oo sw 44 vle, Fl	bosco, f 1ST 22330	amela	Change	Addition
TITLE D	□ Delete	TITLE			-		Change	Addition
NAME DI BOSCO, GENOVEFFA M STREET ADDRESS 11800 SW 44TH STREET	_	NAME STREET ADDRESS	1180 Ma.	esellad Swy	ibosco (4ST	Senov	effa	
CITY-ST-ZIP DAVIE, FL 33330	,	CITY-ST-ZIP	Do	N SWY	3333 <u>U</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ļ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, provide		Ĺ	Change	Addition
TITLE NAME	☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP	• •	STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[] Change	Addition
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or fustee emportanged, or on an attachment with an address SIGNATURE:	this filing does not qualify for true and accurate and that waved to execute this report offinal other like empowered	r the exemption sta by signature shall as required by Ch	ated in Se have the apter 607	ection 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes as if made under s; and that my nar	I further certify oath; that I am ne appears in E	that the in an officer slock 10 or	nformation or director Block 11 if