

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90033 034 ***150.00

DOCUMENT # P02000025156					
1. Entity Name EVI, INC.					
Principal Place of Business 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012			Mailing Address 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012		
2. Principal Place of Business 6581 NW. 82 AVE Suite, Apt. #, etc.		3. Mailing Address 6095 W 19TH AVE Suite, Apt. #, etc. SUITE 401			
City & State Miami, FL Zip 33166 Country USA		City & State HIALEAH, FL Zip 33012 Country USA		4. FEI Number 75-3058606	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VIVAR, ANGEL S 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 STREET ADDRESS CITY-ST-ZIP	P CORDOVA, LUIS FERNANDO E 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECHEVERRIA, ROSA VIVAR DE 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIVAR, PAOLA MITCHEL E 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIVAR, LUIS EDUARDO E 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 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: <i>Rosa de Echeverria</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/06/2004 Date Daytime Phone #		