2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-02-2004 90022 008 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54025343

03292004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000025156

1. Entity Name
EVI, INC.

Principal Place of Business	Mailing Address
6581 NW 82 AVE. HIALEAH, FL 33012	6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-3058606 ☐ Applied For ☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	P CORDOVA, LUIS FERNANDO E 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☑ Delete	P ECHEVERRIA, LUIS F 6095 W 19TH AVE. STE 401 HIALEAH, FL 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ECHEVERRIA, ROSA VIVAR DE 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VIVAR, PAOLA MITCHEL E 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☑ Delete	S ECHEVERRIA, PAOLA M 6095 W 19TH AVE. STE 401 HIALEAH, FL 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VIVAR, LUIS EDUARDO E 6095 W 19TH AVE., STE. 401 HIALEAH, FL 33012	☐ Delete	T ECHEVERRIA, LUIS E 6095 W 19TH AVE. STE 401 HIALEAH, FL 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Rosa de Echeverria 03-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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