


**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000035147  
 1. Entity Name  
 EVERGREEN INTERNATIONAL TRADING, INC.



Principal Place of Business: 14405 WINDCHIME LN, ORLANDO, FL 32837  
 Mailing Address: 539 N MILLS AVE, ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**




02162005 No Chg-P CR2E034 (10/03)

4. FEI Number: 04-3626832 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent  
 WU, ZHOU W  
 14405 WINDCHIME LN  
 ORLANDO, FL 32837

**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

**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

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: WU, ZHOU W STREET ADDRESS: 14405 WINDCHIME LN CITY-ST-ZIP: ORLANDO, FL 32837	<p>1100000238792 02/22/05-80016-004 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 #