


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90001 023 ***150.00

DOCUMENT # P02000081899			
1. Entity Name EVCG INCORPORATED			
Principal Place of Business 2400 E. LAS OLAS BOULEVARD SUITE 176 FORT LAUDERDALE, FL 33301		Mailing Address 2400 E. LAS OLAS BOULEVARD SUITE 176 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 725 SE PORT ST. LUCIE BLVD. Suite, Apt. #, etc. STE. 201 City & State PORT ST. LUCIE, FL Zip 34982 Country		3. Mailing Address 725 SE PORT ST. LUCIE BLVD. Suite, Apt. #, etc. 201 City & State PORT ST. LUCIE, FL Zip 34984 Country	
6. Name and Address of Current Registered Agent PERLMUTTER, MICHAEL PRES. 2400 E. LAS OLAS BOULEVARD SUITE 176 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: PERLMUTTER, MICHAEL PRES. Street Address (P.O. Box Number is Not Acceptable) 725 SE PORT ST. LUCIE BLVD. #201 City: PORT ST. LUCIE FL Zip Code: 34984	
8. The above named agent 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: <i>Michael Perlmutter</i> PRESIDENT DATE: 6/17/2004 <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VTD REIPRECHT, RAYMOND 227 SE SIMS CIR PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	^{DSD} PERLMUTTER MICHAEL 725 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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>Michael Perlmutter</i>		Date: 6/17/2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	