

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089862

Entity Name: EVERGRACE, INC.

FILED  
Jan 08, 2006  
Secretary of State

## Current Principal Place of Business:

37050 SW 207 AVE  
HOMESTEAD, FL 33033

## New Principal Place of Business:

## Current Mailing Address:

15900 S.W. 283 ST.  
HOMESTEAD, FL 33033

## New Mailing Address:

FEI Number: 56-2288977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLBURGH, MARIA T  
11951 S.W. 123 AVENUE  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GUEVARA, EDWIN A  
Address: 15900 SW 283 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: GUEVARA, TERESA  
Address: 15900 S.W. 295 TERRACE  
City-St-Zip: HOMESTEAD, FL 33033

Title: S ( ) Delete  
Name: GOLBURGH, MARIA T  
Address: 11951 S.W. 123 AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: CORDOVA, DULCE M  
Address: 30111 S.W. 151 AVENUE  
City-St-Zip: HOMESTEAD, FL 33033

Title: V ( ) Delete  
Name: GUEVARA, J. CAMILO  
Address: 1615 S.W. 8TH STREET  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA GOLBURGH

VP

01/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date