

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089862

Entity Name: EVERGRACE, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

21305 SW 296 STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

16460 SW 299 DRIVE
HOMESTEAD, FL 33033

New Mailing Address:

21305 SW 296 STREET
HOMESTEAD, FL 33033

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
16460 SW 299 DRIVE
HOMESTEAD, FL 33033 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: 21305 SW 296 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: GOLBURGH, MARIA T
Address: 16460 SW 299 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: T () Delete
Name: CORDOVA, DULCE M
Address: 18695 SW 266 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: V () Delete
Name: GUEVARA, J. CAMILO
Address: 21305 SW 296 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: O (X) Change () Addition
Name: CORDOVA, DULCE M
Address: 18695 SW 266 STREET
City-St-Zip: HOMESTEAD, FL 33033

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

I hereby certify that the information supplied with this filing does not qualify 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 T. GOLBURGH

S

04/24/2008

Electronic Signature of Signing Officer or Director

Date