

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100287

1. Entity Name
E.V.C. SERVICES, INC.



Principal Place of Business

9370 SW 72 ST.
SUITE A222
MIAMI, FL 33173

Mailing Address

9370 SW 72 ST.
SUITE A222
MIAMI, FL 33173

2. Principal Place of Business - No P.O. Box #

2030 S. Douglas Rd.

3. Mailing Address

(same)

Suite, Apt. #, etc.

Ste: 205-C

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

Zip

Country

04282008

Chg-P

CR2E034 (12/06)

4. FEI Number

56-2299001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ELSA V
4118 W 9 CT
MIAMI, FL 33042

7. Name and Address of New Registered Agent

Name Niurka Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

2030 S. Douglas Rd. Ste: 205-C

City Coral Gables

FL

Zip Code 33134

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPS
NAME CASTILLO, ELSA V
STREET ADDRESS 9370 SW 72 ST., STE A222
CITY-ST-ZIP MIAMI, FL 33173 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/SID
NAME Niurka Gonzalez
STREET ADDRESS 2030 S. Douglas Rd. Ste: 205-C
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

FILED

2008 MAY -1 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282008

Chg-P

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08