

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104115

Entity Name: E.V.E. OF SOUTH FLORIDA, INC.

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

7410 NW 15TH AVE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

7410 NW 15TH AVE
MIAMI, FL 33147

New Mailing Address:

FEI Number: 14-1848690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, BRENDA
7410 NW 15TH AVE
MIAMI, FL 33147 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: PD () Delete
Name: JACKSON, BRENDA
Address: 7410 NW 15TH AVE
City-St-Zip: MIAMI, FL 33147

Title: SD () Delete
Name: WILSON, ANITA
Address: 1610 NE 151 STREET
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: JONES, LORRAINE
Address: 1929 NW 68 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: BOWLES, FELICIA
Address: 1929 NW 68 TERRACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: JACKSON, BEVERLY
Address: 8305 NW 22ND PLACE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: KINSEY, ROSALYNN
Address: 7520 NW 14TH AVENUE
City-St-Zip: MIAMI, FL 33147

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:

Title: D (X) Change () Addition
Name: ZIEGLER, HELEN
Address: 1240 NW 86TH STREET
City-St-Zip: MIAMI, FL 33147

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: BRENDA JACKSON

PD

03/30/2007

Electronic Signature of Signing Officer or Director

_____ Date