

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104115

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

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

7410 NW 15TH AVE  
MIAMI, FL 33147

## New Principal Place of Business:

50 NE 135TH STREET  
MIAMI, FL 33161 US

## Current Mailing Address:

7410 NW 15TH AVE  
MIAMI, FL 33147

## New Mailing Address:

50 NE 135TH STREET  
MIAMI, FL 33161 US

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:

JONES, LORRAINE  
50 NE 135TH STREET  
MIAMI, FL 33161 US

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: JONES, LORRAINE

04/28/2008

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JONES, LORRAINE  
Address: 50 NE 135TH STREET  
City-St-Zip: MIAMI, FL 33161

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 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: LORRAINE JONES

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date