


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|   |  |         |  |  |  |
|---|--|---------|--|--|--|
| <b>DOCUMENT # P03000032975</b><br>1. Entity Name<br><b>EVS DEVELOPMENT, INC.</b>  |  |         |  |   |  |
| Principal Place of Business<br><b>2100 N. 50TH AVENUE<br/>HOLLYWOOD FL 33021</b>  |  |         | Mailing Address<br><b>2100 N. 50TH AVENUE<br/>HOLLYWOOD FL 33021</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                            |  |  |
| City & State  |  |         | City & State   |  |  |
| Zip   |  | Country |  | 4. FEI Number <b>06-1684937</b><br>Applied For <input type="checkbox"/><br>Not Applicable <input type="checkbox"/>                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |         |  | 1st MOORE CR2E034 (10/05)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GOMEZ, SERGIO<br/>2100 N. 50TH AVENUE<br/>HOLLYWOOD FL 33021</b>  |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____   |  |         |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |         |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PVST<br>GOMEZ, SERGIO<br>2100 N. 50TH AVENUE<br>HOLLYWOOD FL 33021 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | U00000511571<br>04/29/06-80054-021 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GOMEZ, SERGIO<br>2100 N. 50TH AVENUE<br>HOLLYWOOD FL 33021    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete <input type="checkbox"/>                                    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete <input type="checkbox"/>                                    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete <input type="checkbox"/>                                    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Delete <input type="checkbox"/>                                    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Sergio Gomez **4/13/06** **954 963 1879**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #