2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P03000068400** 04-21-2006 90116 007 ***150 00 1. Entity Name **EVERGREEN INVESTMENT & PROPERTY** MANAGEMENT, INC. Principal Place of Business Mailing Address ヘヘヘマコゴリの 4896 WINDWARD PASSAGE DRIVE 4895 WINDWARD PASSAGE DRIVE SUITE #4 SUITE-#4 BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business 3. Mailing Address 2004 NE 49th St 2004 NE 49th Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number Fl Ft Lauderdole Ft lauderdale 55-0838913 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33 O g 33308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Elmo V BARTOLOME, ELMO V (P.O. Box Number is Not Acceptable) 4895 WINDWARD PASSAGE DRIVE SUITE#4 BOYNTON BEACH, FL 33437 Zip Code 3230 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 registers Bartolome t-lmo Munu SIGNATURE Signature // (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .10. DT TITLE PT Change ☐ Addition TITLE Delete BARTOLOME, ELMO V NAME NAME Bartolome, Elmo V. STREET ADDRESS 4805 WINDWARD PASSAGE DRIVE #4 STREET ADDRESS 2004 NE YATH St. Et Laudordale EL 33308 CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZEP VS Change ☐ Addition FITLE ☐ Delete TITLE BARTOLOME, DELILAH NAME NAME Bartslome, Delilah STREET ADDRESS 4100 GALT OCEAN DRIVE #910 STREET ADDRESS 2004 NE 4944 St FORT LAUDERDALE, FL 99308 CITY-ST-ZIP CITY-ST-ZIP Pf layderdale, Addition Delete TITLE Change TITLE CEASAR BARTOLIME NAME NAME 2004 NE 49th ST. STREET ADDRESS STREET ADDRESS F4-LAUDERDALE, FL 73368 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 ceth; 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.

Elmo

SIGNATURE:

FILED

Daytime Phone #