

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094662

1. Entity Name
EVATECH, INC.



FILED

Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business
3153 PRIDES
TARPON SPRINGS, FL 34688

Mailing Address
3153 PRIDES
TARPON SPRINGS, FL 34688



DO NOT WRITE IN THIS SPACE

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0182672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, LUIS M
3153 PRIDES
TARPON SPRINGS, FL 34688

**DO NOT WRITE
IN THIS SPACE**

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's signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	MEDINA, LUIS M
STREET ADDRESS	3153 PRIDES
CITY - ST - ZIP	TARPON SPRINGS, FL 34688

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/22/07-80060-019.150.00

**DO NOT WRITE
IN THIS SPACE**

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: Luis M. Medina Luis M. MEDINA 01-18-07 727 938 8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #