2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

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DOCUMENT # P03000111588					03-30-2007 90134 037 ***150.00					
EVA PRO	DPERTIES, INC.									
Principal Plac	te of Business	Mailing Address				FF00				
57813 NW 151 ST		57813 NW 151 ST			4004	15500				
HIALEAH, FL 33014		HIALEAH, FL 33014		•						
				7						
2. Principal Place of Business - No P.O. Box # 5787-B NW 151 Street		3. Mailing Address 5787—B NW 151 Street								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222007	, Char	CR2E034	(12/06)			
City & State Miami Lakes, FL		City & State Miami Lakes, FL			4. FEI Numb				plied For at Applicable	
^Z 33014	Country US 333014 Cou		Count	ry US	S. Certificate of Status Desired					
	6. Name and Address of Current F	7. Name and Address of New Registered Agent								
				Name						
RUANO; MARILYN O 16920 NW 83RD COURT				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33016										
			-	5787-B NW 151 Street						
<u> </u>				Miami La	akes, 🗀		FL	3301	_	
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.										
SIGNATUSE Structure, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution				~ ~ +-	i.00 May Be ded to Fees					
10.	OFFICERS AND DIRECTORS 11		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PSD Delete 111			Vio	ce-Presi	dent	χ	Change	Addition	
NAME	1		NAME							
STREET ADORESS CITY-ST-ZIP				l l		151 Street			ļ	
			-	1		s, FL 33014				
. TITLE - A '		☐ Delete	TITLE	. !	esident		L	Change	X M€ddition	
STREET ADDRESS				TADDOCCC LVC	a Soca					
CITY-ST-ZIP	CIT			ST-ZIP 5/8	5787-B NW 151 Street					
TITLE	☐ Delete TIT		TITLE	Mia Mia	mi Lakes, Fl 33014 ☐ Change ☐ Ado			☐ Addition		
NAME			NAME				_	_g -		
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP	1		CITY-	ST-ZIP					ı	
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		☐ Delete	NAME STREE	T ADDRESS ST-ZIP				Change	Addition	

12. I hereby 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(305) 825-8881

Change

Addition