


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90047 038 ***150.00

DOCUMENT # P03000122562					
1. Entity Name EVERGREEN FLORIDA HOLDINGS, INC.					
Principal Place of Business 6700 NW 11TH AVE. #933 MIAMI, FL 33178			Mailing Address 6700 NW 11TH AVE. #933 MIAMI, FL 33178		
2. Principal Place of Business 7300 Corporate Center Dr Suite, Apt. #, etc. <u>Suite 303</u> City & State <u>Miami FL</u> Zip <u>33126</u> Country <u>USA</u>			3. Mailing Address 7300 Corporate Center Dr Suite, Apt. #, etc. <u>Suite 303</u> City & State <u>Miami FL</u> Zip <u>33126</u> Country <u>USA</u>		
4. FEI Number 20-0323101			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VARGAS, JOSE 7200 CORPORATE CENTER DRIVE SUITE 303 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <u>Jose I. Vargas</u> Street Address (P.O. Box Number is Not Acceptable) <u>7300 Corporate Center Dr</u> City <u>Miami</u> State <u>FL</u> Zip Code <u>33126</u>		
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 <input checked="" type="checkbox"/> <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-11-04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VARGAS, JOSE 7200 CORPORATE CENTER DRIVE SUITE 303 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vargas Jose 7300 Corporate Center Drive Suite 303 Miami FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3-11-04</u> Daytime Phone # <u>(305) 513-0013</u>		