## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000122562

EVERGREEN FLORIDA HOLDINGS, INC.



Principal Place of Business

SIGNATURE:

7300 CORPORATE CENTER DR

SUITE 303 MIAMI, FL 33126 Mailing Address

7300 CORPORATE CENTER DR

SUITE 303 MIAMI, FL 33126

## **FILED** Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90290 004 \*\*\*150.00

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|----------|----------|---|
| 01182005 | No Chg-P | CR2E034 (10/03)                                 |

| 4. FEI Number                    | Applied For |                                   |
|----------------------------------|-------------|-----------------------------------|
| 20-0323101                       |             | Not Applicable                    |
| 5. Certificate of Status Desired |             | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

VARGAS, JOSE J 7300 CORPORATE CENTER DRIVE SUITE 303 MIAMI, FL 33126

## 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  Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |  |                                  |            |  |  |
|---|--|--|----------------------------------|------------|--|--|
|   | E NOWIII FEE IS \$150.00<br>ay 1, 2005 Fee Will be \$550.00  | Election Campaign Finan-<br>Trust Fund Contribution. | cing \$5.00 May Be Added to Fees |            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRECT TO THE PROPERTY OF THE PRO |  |                                  |            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                                  |            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | DO                               | NOT WRITE  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | ·  | IN                               | THIS SPACE |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                                  |            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                                  |            |  |  |
| 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. |  |  |                                  |            |  |  |