

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90023 028 ***150.00

DOCUMENT # P03000148691					
1. Entity Name EVERGREEN GROUP USA, INC.					
Principal Place of Business 594 NW 26TH ST. MIAMI, FL 33127			Mailing Address 594 NW 26TH ST. MIAMI, FL 33127		
2. Principal Place of Business <i>EVERGREEN GROUP USA, INC.</i>			3. Mailing Address <i>594 NW 26th ST</i>		
Suite, Apt. #, etc. <i>594 NW 26th ST</i>			Suite, Apt. #, etc. 		
City & State <i>Miami FL</i>			City & State <i>Miami FL</i>		
Zip <i>33127</i>		Country <i>USA</i>		Zip <i>33127</i>	
Country <i>USA</i>		Country <i>USA</i>		4. FEI Number 20-0470289	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZHOU, DONG L. 594 NW 26TH ST. MIAMI, FL 33127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD ZHOU, DONG L. 280 NE 168TH TERR. N. MIAMI BCH, FL 33162		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZHOU, Dong Lai 110 NE 170th ST Miami, FL 33162	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MA, HAI J 100 NE 170TH ST. N. MIAMI BCH, FL 33162		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <i>hayan</i>			1/13/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		