

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90048 011 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P04000063339 1. Entity Name CM EVOLUTION, INC. | | | | | |
| Principal Place of Business 9860 NW 6TH PLACE PLANTATION, FL 33324 | | | Mailing Address 9860 NW 6TH PLACE PLANTATION, FL 33324 | | |
| 2. Principal Place of Business 3529 W. ATLANTIC BLVD. | | 3. Mailing Address 3529 W. ATLANTIC BLVD | | | |
| Suite, Apt. #, etc. APT. # 1007 | | Suite, Apt. #, etc. APT. # 1007 | | | |
| City & State Pompano Beach, FL | | City & State Pompano Beach, FL | | | |
| Zip 33069 | | Country USA | | Zip 33069 | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent BOREGGIO, GIULIANO 9860 NW 6TH PLACE PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: <u><i>Giuliano Boreggio</i></u> 03/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | D BOREGGIO, GIULIANO 9860 NW 6TH PLACE PLANTATION, FL 33324 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARQUES, EDUARDO 9860 NW 6TH PLACE PLANTATION, FL 33324 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOREGGIO, GIULIANO 3529 W. ATLANTIC BLVD. APT. # 1007 Pompano BEACH, FL 33069 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARQUES, EDUARDO 9860 NW 6TH PLACE PLANTATION, FL 33324 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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: <u><i>Giuliano Boreggio</i></u> GIULIANO Boreggio 03/18/05 (954) 245-8127 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |