2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 08:00 AN Secretary of State

ı	DOCUMENT # P0400010508				
۱	1. Entity Name				
EVERALDO CUEVAS, PA					
l	• • •				



Principal Place of Business

20003 SW 103 AVE MIAMI, FL 33189

Mailing Address 20003 SW 103 AVE MIAMI, FL 33189



DO NOT WRITE IN THIS SPACE

01112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2493306

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, EVERALDO 20003 SW 103 AVE MIAMI, FL 33189

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								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Electior, Campaign Financing \$5.00 N Trust Fund Contribution, Added to I			U00000402551 02/03/06-80012-019 150.00			
10.	OFFICERS AND DIREC	TORS				· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUEVAS, EVERALDO 20003 SW 103 AVE MIAMI, FL 33189	:5:				- ***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ÎN "	THIS SPACE	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
IITLE NAME STREET ADDRESS		*** .			*** *** *** * * * * * * * * * * * * *			

12. I hereby certify that the information supplied with this filing 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.

CITY-ST-ZIP

SIGNATURE: CALLELLO CONTROLLO OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #