

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90015 049 ***150.00

30019780



05202006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000119416 1. Entity Name EVOLUCION NATURAL, INC.			
Principal Place of Business 313 LAKESIDE COURT SUNRISE, FL 33326 US		Mailing Address 313 LAKESIDE COURT SUNRISE, FL 33326 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1490823		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAINEZ, RAFAEL 313 LAKESIDE COURT SUNRISE, FL 33326		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: <i>[Signature]</i> DATE: 5/20/06 <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: ZAMUDIO, ORLANDO STREET ADDRESS: 8826 WEST FLAGLER ST. # 208 CITY-ST-ZIP: MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete	TITLE: P NAME: LAINEZ, RAFAEL STREET ADDRESS: 313 LAKESIDE COURT CITY-ST-ZIP: SUNRISE, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: VP NAME: LAINEZ, RAFAEL STREET ADDRESS: 313 LAKESIDE COURT CITY-ST-ZIP: SUNRISE, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE: TR NAME: LAINEZ, LUZ M. STREET ADDRESS: 313 LAKESIDE COURT CITY-ST-ZIP: SUNRISE, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TR NAME: ZAMUDIO, MIYER STREET ADDRESS: 8826 WEST FLAGLER ST. # 208 CITY-ST-ZIP: MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete	TITLE: SR NAME: LAINEZ, LUZ M STREET ADDRESS: 313 LAKESIDE COURT CITY-ST-ZIP: SUNRISE, FL 33174 <input checked="" 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"/> 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"/> Change <input type="checkbox"/> Addition	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 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.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5/20/06 Daytime Phone: (954) 562-6055	