2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134151

Entity Name: EVOLIS, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
1835 SOUTH PERIMETER RD SUITE 190 FORT LAUDERDALE, FL 33309 US					3201 W. COMMERCIAL BLVD SUITE 110 FORT LAUDERDALE, FL 33309 US			
Current Mailing Address:					New Mailing Address:			
SUITE 190	835 SOUTH PERIMETER RD SUITE 190 FORT LAUDERDALE, FL 33309 US				3201 W. COMMERCIAL BLVD SUITE 110 FORT LAUDERDALE, FL 33309 US			
FEI Number: 2	20-1690680	FEI Number	Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
GERARDO, TALAVERA MGR 1835 SOUTH PERIMETER RD SUITE 190 FORT LAUDERDALE, FL 33309 US					JADE ASSOCIATES MIAMI, INC 100 N BISCAYNE BLVD SUITE 500 MIAMI, FL 33132 US			
The above r in the State		ıbmits this s	tatement for the pu	rpose o	f changing its	s registered of	fice or regist	tered agent, or both,
SIGNATURE: JADE ASSOCIATES					02/19/2008			
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MGR () C GERARDO, TALA 5458 OAKMONT LAKE WORTH, F	VILLAGE CIRC	CLE		Title: Name: Address: City-St-Zip:	P (X) PICOT, EMMANU 29 AV DE LA FO BEAUCOUZE, FI	NTAINE - ZI AI	
Title: Name: Address: City-St-Zip:	() Delete				Title: Name: Address: City-St-Zip:	ST () Change (X) Addition BELANGER, CECILE ST 29 AV DE LA FONTAINE - ZI ANGERS BEAUCOUZE, FR 49070 FR		
Title: Name: Address: City-St-Zip:	() Delete				Title: Name: Address: City-St-Zip:	D () Change (X) Addition GODARD, DIDIER D 29 AV DE LA FONTAINE - ZI ANGERS BEAUCOUZE, FR 49070 FR		
Title: Name: Address: City-St-Zip:	()[Delete			Title: Name: Address: City-St-Zip:	D () O OLIVIER, SERGI 29 AV DE LA FO BEAUCOUZE, FI	NTAINE - ZI AI	
Title: Name: Address: City-St-Zip:	()[Pelete			Title: Name: Address: City-St-Zip:	D () C LIATARD, YVES 29 AV DE LA FO BEAUCOUZE, FI	NTAINE - ZI AI	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PICOT EMMANUEL P 02/19/2008