

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 017 ***150.00

DOCUMENT # P05000072890

1. Entity Name
EVERTON'S MANDEVILLE DELIGHT INC.



Principal Place of Business
**111 NE 173RD STREET
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**111 NE 173RD STREET
NORTH MIAMI BEACH, FL 33162**

40121584



2. Principal Place of Business - No P.O. Box #
6445 Pembroke Road
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

05242007 Chg-P CR2E034 (12/06)

City & State
Hollywood
Zip
33023 Country
USA

City & State
Hollywood
Zip
33023 Country
USA

4. FEI Number
20-2862997

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FOSTER-ALLEN, MICHELLE
111 NE 173RD STREET
NORTH MIAMI BEACH, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALLEN, EVERTON
111 NE 173RD STREET
NORTH MIAMI BEACH, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michelle Foster Allen **6/6/07** **786 897 1965**