

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106090

Entity Name: EVELYN MEDICAL, INC.

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

175 FONTAINBLEAU BLVD., SUITE 2M-3
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

175 FONTAINBLEAU BLVD., SUITE 2M-3
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-3233160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ABDIEL O
175 FONTAINBLEAU BLVD., SUITE 2M-3
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, ABDIEL O
Address: 175 FONTAINBLEAU BLVD., SUITE 2M-3
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MARLENIS, FERNANDEZ
Address: 175 FONTAINBLEAU BLVD, SUITE 2M-3
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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: ABDIEL O GONZALEZ

PD

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date