

Corrected 6/1/07 George L Foti

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-11-2007 90032 026 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000070130			
1. Entity Name EVOLUTION PRODUCTS, INC.			
Principal Place of Business 8480 SW 83 STREET MIAMI, FL 33143		Mailing Address 8480 SW 83 STREET MIAMI, FL 33143	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		CR2E034 (12/06)	
4. FEI Number 208571851		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOTI, GEORGE L 8480 SW 83 STREET MIAMI, FL 33143		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: <u>George L Foti President</u>		DATE: <u>5/1/07</u>	
FILE NOW!!! FEE IS \$350.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FOTI, GEORGE 8480 SW 83 STREET MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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, without other like empowerment.			
SIGNATURE: <u>George L Foti President</u>		DATE: <u>5/1/07</u> 305-798-4404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

GEORGE L FOTI