

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043269

FILED
Apr 30, 2008
Secretary of State

Entity Name: EVERGLADES CREATIONS, INC.

Current Principal Place of Business:

1745 W 32ND PLACE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1745 W 32ND PLACE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8843597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUS, ARNOLD M JR ESQ
10081 PINES BLVD SUITE C
PEMBROKE PINES, FL 33024 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: DP () Delete
Name: DI SCIPIO, IKANYENG
Address: 5961 SW 190TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: DS () Delete
Name: DI SCIPIO, WILLIAM
Address: 5961 SW 190TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D () Delete
Name: MILCZAREK, MICHAEL
Address: 265 W 18TH STREET SUITE 1
City-St-Zip: TUCSON, AZ 85701

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: DI SCIPIO, ARLENE
Address: 52 LONGHILL ROAD
City-St-Zip: LYNN, MA 01904

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: WILLIAM DISCIPIO

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date