2008 FOR PROFIT CORPORATION

FILED Feb 18, 2008 8:00 am Secretary of State

02-18-2008 90012 034 ***150.00

| • | ANNUAL REPORT | |
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DOCUMENT # P07000094630 1. Entity Name EVARO, P.A. 400500--Principal Place of Business Mailing Address 235 LAKE RING DRIVE 235 LAKE RING DRIVE WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 CR2E034 (12/06) Chg-P Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHMOND, EVAN Street Address (P.O. Box Number is Not Acceptable) 235 LAKE RING DRIVE WINTER HAVEN, FL 33884 Zip Code City 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 second of th the obligations of registered agent. and professional parties as concentrated for a supple of the SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Til Adillare OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Change Addition ☐ Defete TITLE JITLF. NAME RICHMOND, EVAN NAME STREET ADDRESS STREET ADDRESS 235 LAKE RING DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP טט TITLE □ Delete TITLE Change ☐ Addition RICHMOND, ROBIN NAME NAME 235 LAKE RING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-7IP TITLE Channe ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR