## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000034864

Entity Name: EVRSAFE SOLUTIONS U.S., INC.

FILED Apr 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2005 VISTA PARKWAY 5747 NORTH ANDREWS WAY

SUITE 100 FORT LAUDERDALE, FL 33309 US WEST PALM BEACH, FL 33411 US

Current Mailing Address: New Mailing Address:

2005 VISTA PARKWAY 5747 NORTH ANDREWS WAY

SUITE 100 FORT LAUDERDALE, FL 33309 US

WEST PALM BEACH, FL 33411 US

FEI Number: 26-2347924 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TEDRICK, MICHELE

2005 VISTA PARKWAY

5747 NORTH ANDREWS WAY

SUITE 100 FORT LAUDERDALE, FL 33309 US WEST PALM BEACH, FL 33411 US

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: MICHELE TEDRICK 04/10/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD

Name: FAULKHEAD, SHANE Address: 5747 NORTH ANDREWS WAY

City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: V

Name: COX, NIC

Address: 5747 NORTH ANDREWS WAY
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: AS

Name: TEDRICK, MICHELE

Address: 5747 NORTH ANDREWS WAY
City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby 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 all other like empowered.

SIGNATURE: SHANE FAULKHEAD PSTD 04/10/2012