

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099902

Entity Name: EVAA ADVISORS, INC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

17100 COLLINS AVE.  
224  
SUNNY ISLES BEACH, FL 33160 US

## Current Mailing Address:

17100 COLLINS AVE.  
224  
SUNNY ISLES BEACH, FL 33160 US

## New Principal Place of Business:

567 NW 130 AVE  
PEMBROKE PINES, FL 33178 US

## New Mailing Address:

567 NW 130 AVE  
PEMBROKE PINES, FL 33178 US

FEI Number: 26-3751609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUFFIA, ALEXANDER  
17100 COLLINS AVE.  
224  
SUNNY ISLES BEACH, FL 33160 US

## Name and Address of New Registered Agent:

MAILLO, MARIA  
567 NW 130 AVE  
PEMBROKE PINES, FL 33178 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: MARIA MAILLO

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CUFFIA, ALEXANDER  
Address: 17100 COLLINS AVE. SUITE 224  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP ( ) Delete  
Name: CUFFIA, ANA VIRGINIA  
Address: 17100 COLLINS AVE. SUITE 224  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CUFFIA, ALEXANDER  
Address: 18800 NE 29TH AVE. #509  
City-St-Zip: AVENTURA, FL 33180 US

Title: VP (X) Change ( ) Addition  
Name: CUFFIA, ANA VIRGINIA  
Address: 1101 SE 11TH CT  
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: P ( ) Change (X) Addition  
Name: MAILLO, MARIA  
Address: 453 GEORGE COGGIN RD  
City-St-Zip: NEWNAN, GA 30265 US

Title: D ( ) Change (X) Addition  
Name: ALVAREZ-RIVERO, TARCISIO  
Address: 453 GEORGE COGGIN RD  
City-St-Zip: NEWNAN, GA 30265 US

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: MARIA MAILLO

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date